

BOROUGH



OF POOLE




THE
HEALTH of POOLE
1971

James Hutton M.D., D.P.H.

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PREFACE

To the Worshipful Mayor, and Aldermen and Councillors of the Borough and County of the Town of Poole.

I have the honour to submit for your consideration my Annual Report on the work of the Health Department in 1971.

JAMES HUTTON

Medical Officer of Health

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COMMITTEES AND STAFF, 1971
PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman: Alderman Mrs. D. I. MONTAGUE

Vice-Chairman: Councillor J. N. SORTON

Aldermen:

H. C. R. BALLAM
Miss J. M. BISGOOD, J.P.
B. A. GREENWOOD, (Mayor) (ex officio)

Mrs. E. M. HICKINSON, J.P.
A. LLOYD ALLEN, J.P.

Councillors:

Mrs. E. M. S. ADAMS
J. L. BROWN
G. W. HOBBS

A. R. V. LOCK
S. G. PEARCE
L. J. WHITE
S. C. WHITE

Co-opted Members:

Mrs. D. AUBIN
Dr. D. CAMPBELL

Mrs. J. A. GREBBY, M.B.E.
Miss A. REED

Ex-Officio – R. Fare (D.C.C. Chairman)

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health)
Port Medical Officer)
Borough School Medical Officer)

JAMES HUTTON, M.D., D.P.H.

Deputy Medical Officer of Health)
Deputy Port Medical Officer)

A. McCUTCHION, M.B., Ch.B., D.P.H.

Chief Administrative Assistant:

K. F. STOUT, D.M.A.

Borough Environmental Health

Chief Public Health Inspector:

C. B. T. GLOVER, Cert. as Public
Health Inspector and Meat and
Food Inspector.

Deputy Chief Public Health
Inspector:

A. H. KIRKMAN, Cert. as Public
Health Inspector, Meat and
Food Inspector and Smoke
Inspector.

Senior Public Health
Inspector:

F. K. W. FRANCIS, Cert. as Public
Health Inspector, Meat and
Food Inspector and Smoke
Inspector.

Public Health Inspectors:

F. BURGIN, Cert. as Public Health
Inspector and Meat and Food
Inspector.

K. C. CLARK, Cert. as Public
Health Inspector, Meat and Food
Inspector and Smoke Inspector.

S. T. DAVIES, Cert. as Public
Health Inspector and Meat and
Food Inspector and Smoke Inspector.

Public Health Inspectors: (continued)

R. M. IMPETT, Cert. as Public Health Inspector and Meat and Food Inspector.

L. G. RINGROW, Cert. as Public Health Inspector, Meat and Food Inspector and Smoke Inspector.

R. R. TUCKER, Cert. as Public Health Inspector and Meat and Food Inspector.

Authorised Meat Inspector:

H. G. CARTER, Cert. as Meat Inspector.

Pupil Public Health Inspectors:

Two posts

Senior Clerk:

A. R. C. PARSONS
and three Clerks

Public Analyst:

H. DEDICOAT, F.R.I.C., Southampton

Veterinary Surgeon:

Lt. Col. J. S. KINGSTON, M.B.E.,
M.R.C.V.S.

DELEGATED HEALTH, WELFARE AND SCHOOL HEALTH SERVICES

Assistant Medical Officers
and School Medical Officers
(3 and 1 part time)

M. W. KIDDLE, M.B., B.S. (Appointed
(15.11.1971)

Isobel R. S. PATTERSON, M.B., Ch.B.,
D.P.H. (Resigned 31.12.1971)

Rosa STRUNIN, M.D. (Berlin)

H. C. WILLIAMSON, M.B., B.Ch.,
B.A.O., D.P.H. (Retired 1.9.1971)

Dental Officers:

(4)

F. E. R. WILLIAMS, L.D.S. (Senior)

A. C. S. BARNARD, L.D.S., R.C.S.

A. G. GAPPER, L.D.S., R.C.S. (Eng.)

C. GREEN, L.D.S., R.C.S.

Anaesthetist:

R. W. ADAM, L.R.C.P., R.C.S.,
L.R.F.P.S., L.D.S., R.F.P.S.,
M.D.D. (Part time)

Dental Surgery Assistants:

(4)

Borough Nursing Officer

Miss M. DAVIES, S.R.N., S.C.M., Q.N.,
H.V. Cert.

Assistant Borough Nursing Officer:

Mrs. M. I. MacINNES, S.R.N., Q.N.

Liaison Health Visitors:

(2)

(Old People and Handicapped)

Miss D. J. BLACKMORE, S.R.N., S.C.M.,
Q.N., H.V. Cert.

Mrs. L. SCHOFIELD, S.R.N., S.C.M., H.V. Cert.

Liaison Health Visitors (continued)

(Tuberculosis)		Miss L. G. BRIDGWOOD, S.R.N., S.C.M., H.V. Cert.
Senior Health Visitor	(1)	Mrs. V. NARBETT, S.R.N., S.C.M., H.V. Cert.
Health Visitors: (General Purposes also School Nurses)	(16)	Mrs. J. O. CARTER, S.R.N., S.C.M., H.V. Cert. Miss S. A. CHAMPION, S.R.N., S.C.M., H.V. Cert. (Resigned 20.8.1971) Mrs. D. A. CLAY, S.R.N., S.C.M., Q.N., H.V. Cert. (Resigned 31.10.1971) Miss H. M. DIBDEN, S.R.N., C.M.B., Part I, H.V. Cert. Miss H. GREAVES, S.R.N., S.C.M., Q.N., H.V. Cert. Mrs. M. E. GUPPY, S.R.N., S.C.M., H.V. Cert. (Part-time) Miss D. R. HEELIS, S.R.N., S.C.M., H.V. Cert. Miss M. E. HEMMINGS, S.R.N., C.M.B. Part I, H.V. Cert (Transferred part- time 8.11.1971) Miss J. K. JENNER, S.R.N., S.C.M., H.V. Cert. Miss J. E. MORRIS, S.R.N., S.C.M. H.V. Cert. Miss A. MORTON, S.R.N., C.M.B. Part L, H.V. Cert. Mrs. E. A. PEDLEY, S.R.N., S.C.M., H.V. Cert. (Resigned 30.6.1971) Miss B. M. PETLEY, S.R.N., S.C.M., R.F.N., H.V. Cert. Miss B. D. TURNER, S.R.N., S.C.M., H.V. Cert. (*Mrs. Schofield transferred to Old People and Handicapped Liaison until 1.10.1971)
Trainee Health Visitors	(2)	Miss S. BOTTOMS, S.R.N. (Appointed 1.10.1971) Miss M. L. HUNT, N.N.E.B., R.S.C.N., S.R.N., S.C.M. (Appointed Sept., 1971)
Domiciliary Midwives: (Whole time equivalent 9)		Mrs. A. J. CLEARY, S.R.N., S.C.M., Mrs. J. M. DAVIES, S.R.N., S.C.M., Q.N. (Part-time) Mrs. M. DIAPER, S.E.A.N., S.C.M. Miss J. E. HOLLOMAN, S.R.N., S.C.M. Miss V.A. LISK, S.R.N., S.C.M. Mrs. H.C. MONTGOMERY, S.R.N.S.C.N. (Appointed 1.11.1971) Miss D. E. TATE, S.R.N., S.C.M., Q.N. H.V. Cert. (Part-time) (Resigned 31.8.1971) Miss E. F. TUGWELL, S.R.N., S.C.M. Miss C. C. WAROM, S.R.N., S.C.M. Miss V. E. WHITE, S.R.N., S.C.M.
District Nurses: (Whole time equivalent 20) (Male)		J. W. BENTLEY, S.R.N., Q.N. L. DAVIES, S.R.N., R.M.N., Q.N.

District Nurses (continued)

(Female)

- Mrs. S. M. ASHLEY, S.R.N.
(Appointed 16.4.1971)
- Mrs. P. A. BANKS, S.R.N., S.C.M.
- Mrs. A. B. BURDETT, S.R.N., R.S.C.N.
- Mrs. S. M. CAMPBELL, S.R.N.
- Miss D. E. CHAPMAN, S.R.N., S.C.M.
- Mrs. B. CLARKSON, S.R.N.
- Mrs. E. A. CONNOR, R.M.N., S.R.N.
- Mrs. J. S. DEACON, S.R.N., S.C.M., Q.N.
- Mrs. D. FORD, S.R.N., S.C.M.
(Resigned 31.3.1971)
- Miss P. A. C. HARDY, S.R.N., R.S.C.N.
(Resigned 28.5.1971)
- Mrs. R. J. HATTON, S.R.N.
- Mrs. A. M. HOGAN, S.R.N.
- Mrs. P. A. HOWE nee Smea, S.R.N., Q.N.
- Mrs. A. E. LEWIS, N.N.E.B., S.R.N., S.C.M.
(Appointed 1.6.1971)
- Mrs. D. M. LITTLE, S.R.N.
- Mrs. J. PARKER, S.R.N. (Part-time)
- Miss P. E. PERRY, S.R.N., S.C.M., Q.N.
- Mrs. M. I. PULSFORD, S.R.N. (Part-time)
- Mrs. A. N. SMEATON, S.R.N.
(Resigned 15.4.1971)
- Mrs. J. M. STONE, S.R.N., R.M.N.
(Appointed 1.1.1971)
- Miss M. M. D. THOMSON, R.G.N., C.M.B.

Nursing Assistants:
(Whole time equivalent 8)

- Part I
- Miss J. M. COLLINS, S.E.N.
(Appointed 1.3.1971)
- Mrs. M. U. V. GUY, S.E.N.
(Appointed 5.4.1971)
- Mrs. D. M. HARWOOD, S.R.N., S.C.M.
- Miss E. M. KERSHAW, S.E.N.
- Mrs. J. M. PERKS, S.E.N.
- Mrs. M. I. RICHARDS, S.R.N. (Part-time)
- Miss M. D. SMITH, S.R.N., S.C.M.
(Part-time)
- Mrs. E. E. WICKS, S.E.N.
- Miss J. P. WIDDICOMBE, S.E.N.

Day Nursery — Matron
Deputy

- Miss R. HUTTON, R.S.C.N., S.R.N.
- Mrs. J. WOODHAMS, N.N.E.B. Cert.
and four Nursery Assistants

Clinic Assistants: (5)

Domestic Help Organiser:
Assistant:
Assistant:
(Part-time)

- Mrs. M. P. SAVAGE nee Goodland
- Mrs. A. M. BUSH
- Mrs. M. E. FRANCIS

Mental Welfare Officers:

- K. W. BAMFORD (Senior)
- Mrs. P. BAXTER
- P. J. HOLLOWAY
- D. A. POPE
- J. H. WICKENS (Part-time)

Training Centre
Adult: Manager
Senior Supervisor

- R. J. ERBETTA
- Mrs. J. D. SYKES
seven Supervisors

Training Centre: (continued)

*Junior: Head Teacher		Mrs. D. F. HOLLEYHEAD Seven Teachers, One Trainee Teacher, four Attendants and one Physiotherapist (Part-time)
Social Welfare Officers for the Blind	(3)	Miss J. M. EARLEY E. S. GRINT Mrs. D. I. SADEGHI (Appointed 27.9.1971)
Social Welfare Officers	(2)	Mrs. J. M. E. FRANCE Miss F. NORRIS (Appointed 1.6.1971)
Administrative Assistants:		Mrs. B. ECTOR C. A. FOX D. RATCLIFFE J. WAY J. H. WICKENS Thirteen full time Clerks and one half time Clerk

MEDICAL AUXILIARIES

Oral Hygienist:	Vacant
Speech Therapist:	Miss H. V. A. BARRETT, L.C.S.T.
Psychiatric Social Worker:	Miss A. D. FILLITER
Physiotherapist:	Miss D. BUTLER, M.C.S.P. (part-time)
Audiometrician:	Mrs. K. REAL

*The staff of the Junior Training Centre transferred to the Education Department with effect from the 1st April, 1971.

The following staff were transferred to the Social Services Department, Dorset County Council as from 1st October, 1971.

Mental Welfare Officers	J. W. WICKENS, Administrative Assistant
Domestic Help Organisers	4 Clerks
Social Welfare Officers for the Blind	Staff of the Day Nursery and Adult
Social Welfare Officers	Training Centre.

CONSULTANT SERVICES

These services are provided by the Wessex Regional Hospital Board in the local hospitals or in clinics.

DORSET COUNTY COUNCIL OFFICERS SECONDED TO POOLE (Part-time)
until 1st October, 1971

Senior Officer for Mental Health:	H. PALING
Chief Welfare Officer for the Blind	R. L. SWAFFIELD
Home Teacher (Mental Health)	Mrs. H. R. M. EDDEN

HOSPITALS, CLINICS, TREATMENT CENTRES
AND OTHER ESTABLISHMENTS

HOSPITALS WITHIN THE BOROUGH

Poole General Hospital, Longfleet Road, Poole.	General Surgery	102
	General Medicine	61
	Geriatrics	51
	Ear, Nose & Throat	51
	Traumatic & Orthopaedic Surgery	71
	Unclassified	25
	Paediatric	40
	Infectious Diseases	15
	Gynaecology	30
	Obstetric	52
	Radiotherapy	24
	Special Care Baby Unit	16
	Private	12
	Intensive Care Unit	6
	Dentistry	5
	Chest Diseases	10
	Neurology	4
	Physical Medicine	4
	Staff Sick Bay	5
Alderney Hospital, Ringwood Road, Parkstone	Geriatrics	39
St. Ann's Hospital, Haven Road, Canford Cliffs	Psychiatric beds	104
		<hr/>
		727
		<hr/>

CLINICS AND TREATMENT CENTRES AS AT 31ST DECEMBER 1971

Permanent Clinics:

Branksome Clinic	Layton Road, Parkstone (Telephone Parkstone 740714)
Hamworthy	Lanark Close, Hamworthy (Telephone Poole 3881)
Hillbourne Clinic	Kitchener Crescent, Waterloo (Telephone Broadstone 3516 - Dental Broadstone 5047 - Health Visitors)
Lagland Street	Lagland St. Boys' Club, Lagland St., Poole
Oakdale	337 Wimborne Road, Oakdale (Telephone Poole 2211)
Poole Central Clinic	Civic Centre, Park Road, Poole (Telephone Poole 5151)

Premises Hired for Sessional Use:

Alder Road

St. Francis Church Hall, Alder Road, Parkstone

Broadstone

War Memorial Hall, Broadstone

Canford Magna

Church Hall, Canford Magna, Poole

Newtown

Methodist Church Hall, Ringwood Road

Herbert Avenue

Baptist Church Hall, Herbert Avenue, Parkstone

Wallisdown

Conservative Club Hall, 8 Canford Road,
Wallisdown

(a) Dental Clinics:

by appointment

Branksome

Daily

Hamworthy

Monday, Tuesday and Friday

Hillbourne

Monday, Wednesday and Thursdays

Poole Central Clinic

Tuesday, Wednesday, Thursday and Friday

(b) Relaxation and Mother-craft Classes:

Hamworthy

Thursdays, 2.00 p.m.

Hillbourne

Wednesdays, 2.00 p.m.

Branksome

Wednesdays, 2.00 p.m.

(c) Cytology Clinic:

By appointment

Branksome

Wednesdays, 9.00 a.m. 1st Wednesday 2.00 p.m.

Central

Fridays, 9.00 a.m.

Hamworthy

Mondays, 9.00 a.m. 2nd, 3rd, 4th Monday 2.00 p.m.

Hillbourne

2nd and 4th Tuesday 9.00 a.m.

(d) Contraception Clinic:

By appointment

Branksome

Wednesdays 9.00 a.m. 1st Wednesday 2.00 p.m.

Central

Friday, 9.00 a.m.

Hamworthy

Mondays, 9.00 a.m.

2nd, 3rd and 4th Mondays, 2.00 p.m.

Hillbourne

2nd and 4th Tuesday, 9.00 a.m.

(e) Child Health Clinics:

Alder Road

2nd and 4th Wednesday, 2.00 p.m.

Branksome

Tuesday and Friday, 2.00 p.m.

Broadstone

Thursdays, 2.00 p.m.

Canford Magna

1st and 3rd Wednesday, 2.00 p.m.

Hamworthy

Wednesday, 2.00 p.m.

Herbert Avenue

Thursdays, 10.00 a.m.

Hillbourne

Tuesdays, 2.00 p.m.

Newtown

Thursdays, 2.00 p.m.

Oakdale

Fridays, 2.00 p.m.

Lagland Street

Wednesdays, 10.00 a.m.

Wallisdown

Tuesdays, 2.00 p.m.

Poole Central Clinic

Wednesdays, 2.00 p.m. and Thursdays 10.00 a.m.

(f)	Diphtheria Immunisation, Poliomyelitis Vaccination, Smallpox Vaccination, Whooping Cough and Tetanus Inoculations:	
	Alder Road	2nd Wednesday, 2.00 p.m.
	Branksome	1st Tuesdays 9.30 a.m.
	Broadstone	4th Thursday 2.00 p.m.
	Canford Magna	1st Wednesday 2.00 p.m.
	Hamworthy	4th Wednesday 2.00 p.m.
	Herbert Avenue	2nd Thursday, 2.00 p.m.
	Hillbourne	2nd Tuesday, 2.00 p.m.
	Newtown	4th Thursday, 2.00 p.m.
	Oakdale	4th Friday 2.00 p.m.
	Lagland Street	2nd Wednesday 10.00 a.m.
	Wallisdown	2nd Tuesday 2.00 p.m.
	Poole Central Clinic	3rd Wednesday, 2.00 p.m.
(g)	Child Guidance Clinic:	By appointment
	Poole Central Clinic	Tuesday, Thursday and Friday 9.30 a.m. and 2.00 p.m.
(h)	Audiology Clinic:	By appointment
	Poole Central Clinic	
(i)	Speech Therapy Clinic:	By appointment
	Poole Central Clinic	Tuesdays, Wednesdays and Fridays, 9.30 a.m. Mondays and Wednesdays 2.00 p.m. Thursdays 9.30 a.m. and 2.00 p.m. Tuesdays 2.00 p.m. Monday 9.30 a.m.
	Branksome	
	Hamworthy	
	Hillbourne	
(j)	Physiotherapy (Asthma) Clinic:	By appointment
	Poole Central Clinic	Wednesdays
(k)	Enuresis Clinic:	By appointment
	Poole Central Clinic	Mondays
(l)	Chiropody Clinic (for the elderly) - in conjunction with the British Red Cross Society	By appointment
	Branksome	Thursday and Friday
	Hamworthy	Friday
	Oakdale Clinic	Monday and Tuesday
	Poole Central Clinic	Monday and Wednesday

AMBULANCE SERVICE

Under the provisions of the National Health Service Act, this service is provided by the Dorset County Council. The Poole Section of the Ambulance Service is located in the ambulance station in Churchfield Road, Poole (Telephone: Dorchester 4742) (Emergency) – Poole 3274 (Enquiries), where a day and night service is maintained.

LABORATORY FACILITIES

Pathological:
 Sited at Poole General Hospital under the direction of Dr. J. S. Howell.

Public Health:
 The Public Health Laboratory, Poole General Hospital, under the direction of Dr. W. L. Hooper

The County Laboratory, Glyde Path Road, Dorchester, under the direction of Dr. G. H. Tee, Consultant Pathologist.

CO-OPERATION AND CO-ORDINATION WITH OTHER BRANCHES OF THE SERVICE

The closest working arrangements exist with the Hospital Service at many levels.

The Deputy Medical Officer of Health lectures in the Nurses Training School.

Health Visitors and Welfare Officers perform active liaison work with the Hospital in relation to Paediatrics, Diabetes, Geriatrics, Mental Health and the Welfare of the Physically Handicapped.

LOCAL INFORMATION

General Statistics

Description of the Borough

Meteorology

Causes of Death

Statistics Relating to Births and Deaths

Comments on Statistics

LOCAL INFORMATION

Area of Borough: 15,760 acres, not including 2,725 acres of tidal waters and foreshore.

Population:

As estimated by Registrar General at 30th June, 1971	...	...	...	...	...	...	...	...	...	106,610
Census, 1971: Registrar General's Report	...	...	...	...	...	...	...	...	...	107,161
Total number of Inhabited Houses (from rate Book) as at December, 1971	...	...	...	...	...	...	...	...	...	36,256
Rateable value as 1st April, 1972	...	...	...	...	...	...	...	...	...	£6,548,000
Sum represented by a Penny rate	...	...	...	...	...	...	...	...	...	£63,318

Between the romantic New Forest and the famous Hardy Country lies the County of the Town of Poole, set like a jewel on its magnificent harbour which has earned for itself the title of the "Lakeland of Dorset". Encircled by colourful heaths and pinewoods and with that glorious stretch of golden sands along the centre of Poole Bay.

Few coastal towns can claim to possess so much unspoiled natural scenery within their boundaries. Sheltered on the North and East by its wooded hills and bounded by the course of the river Stour, the modern borough is the largest town in Dorset, one of the largest in the South West of England and the largest municipal borough in the country.

In addition to being a resort and a most attractive residential district there are within its boundaries a considerable number of light engineering works and other modern factories which are occupied in the production of motor trucks, tippers and cranes, art metal work, agricultural implements, brooms and brushes, garden ornaments, chemicals, cosmetics, compressors and pumps, aircraft tooling, foundry products, industrial models, coach-work, caravans, electrical fittings and components, electric organs, scaffolding, pre-cast concrete products, joinery, school, bank and church fittings, thermal insulation, convector heaters, hurricane lanterns and research and development on automation projects.

Various food and confectionery manufacturers have established their model factories in the Borough where highest quality products are processed and packed under ideal conditions.

There has been a pottery on the East Quay at Poole for nearly a hundred years. The modern works and greatly extended showrooms of Poole Pottery Limited are well known for they have been producing the famous "Poole Pottery" since 1921.

Poole is noted as a centre for ship building and marine engineering. Local timber yards, which process and market a wide range of homegrown and foreign timbers, also specialise in boat-building timbers.

POOLE CLIMATOLOGICAL STATION
SUMMARY OF WEATHER CONDITIONS EXPERIENCED DURING 1971

Sunshine

The total hours of sunshine recorded for the year 1971 was 1849 hours, which is above the 1970 figure of 1757.6 hours. It was the sunniest year since 1959 when there was 2021.9 hours with a daily average of 5.5 hours.

The sunniest month was July when 292.4 hours of sunshine were measured, a daily average of 9.4 hours. November's total of 112.3 hours with a daily average of 3.7 hours made it the sunniest November recorded at the station.

The average daily amount of sunshine over the whole year was 5.1 hours.

Rainfall

Rainfall was well down on the yearly average of 31.97 inches (812 mm). The rainfall for the year was 24.03 inches (610.3 mm) making it the driest year since 1953 with 22.79 inches (578.9 mm) and considerably less than last year's total of 30.10 inches (764.5 mm). There were 124 wet days compared with 168 of the previous year.

Wettest month was June with a total of 5.66 inches (143.9 mm). June 10th was the wettest June day with a total of 2.07 inches (52.5 mm) falling in the 24 hours. Nationally, the Indian Summer towards the end of the year brought the second sunniest November and the second driest September this century. The driest month was September with 0.30 inches (7.6 mm) rainfall.

Temperature

The mean temperature during the year was 50.9°F (10.5°C) just above last year's figure of 50.7°F (10.4°C). The average maximum temperature for the year was 58.2°F (14.6°C) compared with 57.6°F (14.2°C) during the previous year. Warmest month was July with an average maximum temperature of 73.4°F (23.0°C) making it the warmest month since August 1964 when the temperature was 73.6°F (23.1°C). Warmest day was on July 8th when the maximum temperature reached 83.6°F (28.7°C) the highest temperature recorded in the previous year was 83.0°F (28.3°C) on June 10th.

Average minimum temperature during the year was 43.6°F (6.4°C) similar to last year's average minimum of 43.8°F (6.6°C). Lowest minimum recorded was 20.8°F (−6.2°C) which was on 4th January. Lowest grass minimum occurred on 5th January when the ground temperature fell to 17.7°F (−7.9°C).

Air frosts were recorded on 37 days and ground frosts on 76 days during the year. This is 16 and 18 days respectively fewer than for the previous year.

Earth Temperature

Average soil temperatures at 30 cm and 100 cm depths were 11.5°C and 11.9°C respectively.

Humidity

Average humidity over the year was 83.3 per cent.

Barometer

Average pressure during the year was 1019.0 mbs (30.09 inches). Highest reading was 1041.7 mbs (30.76 inches) on December 8th and the lowest reading recorded was 984.8 mbs (29.08 inches) on February 15th.

Visibility

Fog was observed on 24 days. This is 18 more times than during 1970.

WINDS

Winds approaching gale force speeds were recorded on October 18th and 19th and on December 19th.

Thunderstorms

Thunderstorms were observed on May 6th and again on August 23rd.

Wind Direction

N	NNE	NE	ENE	E	ESE	SE	SSE	S	SSW	SW	WSW	W	WNW	NW	NNW	CALM	
6	25	23	48	14	23	7	11	2	18	17	45	18	25	5	13	65	No. of days

Generally

It was the driest year since 1953 and the sunniest since 1959 with average maximum and minimum temperatures both above average.

CAUSES OF DEATH DURING THE YEAR 1971

(Supplied by the Registrar General)

Cause of death	M	F	Total
Tuberculosis of Respiratory System	2	2	4
Late Effects of Respiratory T.B.	2	-	2
Other Tuberculosis	-	1	1
Syphilis and its Sequelae	-	1	1
Other Infective and Parasitic Diseases	1	-	1
Malignant Neoplasm, Buccal Cavity etc.	2	1	3
Malignant Neoplasm, Oesophagus	6	4	10
Malignant Neoplasm, Stomach	10	16	26
Malignant Neoplasm, Intestine	15	26	41
Malignant Neoplasm, Larynx	2	-	2
Malignant Neoplasm, Lung, Bronchus	50	12	62
Malignant Neoplasm, Breast	-	28	28
Malignant Neoplasm, Uterus	-	8	8
Malignant Neoplasm, Prostate	7	-	7
Leukaemia	3	6	9
Other Malignant Neoplasms	42	37	79
Benign and Unspecified Neoplasms	2	1	3
Diabetes Mellitus	2	8	10
Avitaminoses, etc.	-	1	1
Other Endocrine etc. Diseases	2	3	5
Anaemias	2	4	6
Other Diseases of Blood etc.	-	1	1
Mental Disorders	1	2	3
Meningitis	-	1	1
Multiple Sclerosis	-	1	1
Other Diseases of Nervous System	5	7	12
Chronic Rheumatic Heart Disease	4	8	12
Hypertensive Disease	8	14	22
Ischaemic Heart Disease	199	178	377
Other Forms of Heart Disease	31	38	69
Cerebrovascular Disease	68	123	191
Other Diseases of Circulatory System	30	42	72
Influenza	2	-	2
Pneumonia	33	43	76
Bronchitis and Emphysema	41	14	55
Asthma	-	2	2
Other Diseases of Respiratory System	1	4	5
Peptic Ulcer	4	5	9
Appendicitis	-	1	1
Intestinal Obstruction and Hernia	1	4	5
Cirrhosis of Liver	3	4	7
Other Diseases of Digestive System	3	8	11
Nephritis and Nephrosis	-	1	1
Hyperplasia of Prostate	6	-	6
Other Diseases, Genito-Urinary System	1	5	6
Diseases of Skin, Subcutaneous Tissue	1	1	2
Diseases of Musculo-Skeletal System	1	5	6
Congenital Anomalies	13	4	17
Birth Injury, Difficult Labour, etc.	3	3	6
Other Causes of Perinatal Mortality	1	1	2
Symptoms and Ill Defined Conditions	4	8	12
Motor Vehicle Accidents	9	9	18
All Other Accidents	13	15	28
Suicide and Self-Inflicted Injuries	3	4	7
All Other External Causes	3	5	8
Total All Causes	642	720	1,362

Corrected May 1972

Poole

[illegible]

Ratio of Local adjusted birth rate to national rate 0.97

8.0	ILLEGITIMATE live births per cent of total live births	8.0
-----	--	-----

[illegible]

12.2	Rate (per 1000 live and still births)	16.1
------	---	------

TOTAL LIVE AND STILL BIRTHS 1,493

Number:	Male	Legitimate	16	Illegitimate	1
	Female	Legitimate	13	Illegitimate	1 31

17.6	Total infant deaths per 1000 live births 21.1
------	--	--------------

[illegible]

17.0	Legit.	"	"	"	"	Legit. live births	17.1
24.0	Illegit.	"	"	"	"	Illegit. live births	17.1

11.6	Deaths under 4 weeks per 1000 live births	12.3
------	---	---------	------

10.0	Deaths in 1st week per 1000 live births	10.2
------	---	---------	------

22.0	Stillbirths and Deaths under 1 week per 1000 total births	26.1
------	---	------

Number of deaths 0

0.17 Rate per 1000 total births (live and still) 0

England and Wales														Poole
DEATHS														
	Male 642	..	..	..	..	..	..	..	..	..	..	..	..	1,362
	Female 720	..	..	..	..	..	..	..	..	..	..	..	..
11.6	Crude Rate per 1000 population (C.F. 0.83) (adjusted 10.6)							..	..	..	..	..	..	12.8
	Ratio of local adjusted death rate to national rate							..	..	..	..	..	..	0.92
DEATHS FROM SPECIAL CAUSES														
CANCER:														
	Number	Male	139	..	..	..	..	..	..	..	..	..	..	278
		Female	139											
2.395	Rate per 1000 population			..	..	..	..	..	..	..	..	..	..	2.608
TUBERCULOSIS (including Late Effects of Res. T.B.)														
	Number:	Male	Respiratory	2	Other	-	Late effects	2	..	..	..	..	..	7
		Female	Respiratory	2	Other	1	Late effects	-						
Rates per 1000 population:														
0.019	Respiratory	..	..	..	..	..	..	..	..	..	..	..	..	0.037
0.004	Other	..	..	..	..	..	..	..	..	..	..	..	..	0.009
0.006	Late effects of Respiratory T.B.			..	..	..	..	..	..	..	..	..	..	0.018
PREMATURE LIVE BIRTH RATE														
6.8 (1970)	(per cent of live births)			..	..	..	..	..	..	..	..	..	..	5.4
DELIVERIES DOMICILIARY 11% INSTITUTIONAL 89%														
Ratio 1 Domiciliary to 8.1 Institutional														
NATURAL INCREASE Births minus deaths per 1000 population														1.0

STATISTICS RELATING TO MOTHERS AND INFANTS 1961 - 1971

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Estimated Total Population - mid-year in 1000's	90.69	92.92	93.75	94.77	95.58	96.39	97.52	99.35	101.93	104.64	106.61
Births Rate - Live births per 1000 population	15.1 17.6	15.7 18.0	16.4 18.2	15.9 18.5	16.0 18.1	16.6 17.7	14.9 17.2	15.7 16.9	15.3 16.3	14.5 16.0	13.8 16.0
Premature Birth Rate - percentage of live births	6.1 6.7	5.6 7.6	5.5 7.7	4.8 6.4	5.2 6.4	5.1 6.5	5.3 6.5	5.1 6.6	7.1 7.1	5.4 6.8	5.4 —
Still Birth Rate - per 1000 total (live and still) births	18.7 19.0	22.1 18.1	14.7 17.2	17.6 16.3	14.8 15.8	14.8 15.3	21.5 14.8	15.8 14.8	12.1 13.2	10.5 13.0	16.7 12.2
Death Rate	12.8 11.9	13.4 11.9	14.7 12.2	12.5 11.3	12.1 11.5	12.9 11.7	12.4 11.2	13.0 11.9	12.6 11.9	12.9 11.7	12.8 11.6
Natural Increase (births minus deaths per 1000 population	2.3 5.5	2.3 6.1	1.7 6.0	3.3 7.2	3.9 6.6	3.7 5.9	2.6 6.0	2.7 5.0	2.6 4.5	1.5 4.3	1.0 4.4
Infant Mortality - Deaths under 1 year per 1000 live births)	19.8 21.4	20.6 21.7	18.2 21.1	14.0 19.9	16.9 19.0	13.9 19.0	19.2 18.3	15.4 18.3	18.6 18.0	9.2 18.2	21.1 17.6
Neo-natal Mortality - deaths under 1 month per 1000 live births)	11.7 15.3	15.8 15.1	10.4 14.3	8.6 13.8	12.4 13.0	8.7 12.9	13.7 12.5	12.2 12.4	12.9 12.0	5.9 12.3	12.3 11.6
Deaths under 1 week per 1000 live births	11.7 13.0	13.0 12.9	7.8 12.3	7.3 12.1	11.0 11.3	7.5 11.1	11.7 10.8	10.3 10.5	10.9 10.0	4.6 11.0	10.2 10.0
Deaths from puerperal Causes per 1000 total (live and still births	0 0.33	1.341 0.35	0 0.28	0 0.25	0 0.25	0 0.26	0 0.20	0 0.24	0 0.19	0 0.18	0 0.17
Peri-natal Mortality (stillbirths and deaths Under 1 week per 1000 live and still births)	30.2 32.0	34.9 30.8	22.4 29.3	24.8 28.2	25.7 26.9	22.1 26.3	32.9 25.4	25.9 24.7	22.9 23.4	15.0 23.5	26.1 22.0

STATISTICS – POOLE 1901 to 1971

Year	Population	Infantile Mortality*	Birth Rate*	Death Rate+	Marriage Rate	Cancer Death Rate	Pulmonary Tuberculosis Death Rate
1901	19461	93.	27.4	13.9	—	—	—
1911	o+ 38886	126	24.0	14.0	14.1	—	—
1921	++ 43649	73.9	21.8	11.9	16.7	1.2	0.96
1931	++ 57211	43.2	15.9	12.5	16.5	1.81	0.85
1941	L 69960	53.5	15.0	13.5	19.0	2.0	0.51
1951	++ 82958	31.6	14.8	13.5	16.8	1.83	0.19
1952	83270	31.4	13.9	12.5	15.0	2.26	0.28
1953	83520	24.8	13.5	12.7	15.4	2.33	0.18
1954	84540	31.6	13.6	12.2	16.2	2.27	0.22
1955	85540	25.6	13.3	12.9	15.7	2.314	0.116
1956	86010	30.8	13.6	12.4	17.4	2.382	0.093
1957	87440	19.4	13.0	12.5	17.4	2.196	0.080
1958	88390	22.2	14.3	12.0	17.0	2.160	0.090
1959		16.6	13.4	13.0	16.9	2.360	0.067
1960	90160	18.4	15.1	12.8	16.6	2.428	0.044
1961	++ 92111	19.8	15.7	12.8	17.7	2.437	0.055
1962	92920	20.6	15.7	13.4	17.3	2.389	0.075
1963	93750	18.2	16.4	14.7	—	3.019	0.043
1964	94770	14.0	15.9	12.5	—	2.585	0.042
1965	95580	16.9	16.0	12.1	—	2.438	0.052
1966	96390	13.9	16.6	12.9	17.5	2.604	0.031
1967	97520	19.2	14.9	12.4	16.9	2.553	0.01
1968	99350	15.4	15.7	13.0	18.2	2.708	0.03
1969	101930	18.6	15.3	12.6	18.4	3.041	0.01
1970	104640	9.2	14.5	12.9	20.1	2.791	0.03
1971	106610	21.1	13.8	12.8	20.7	2.608	0.037

* per 1,000 related live births (1931-56)

+ per 1,000 of population

++ Census

o 1906 Borough enlarged by the addition of Branksome Urban District

L 1933 Borough enlarged by the addition of Canford Magna District

COMMENTARY ON STATISTICS

The estimated population at mid-year 1971 was 106,610.

The number of births continued a gradual decline as did the crude rate. When rate was adjusted to permit of comparison, it was found to be 0.5 per 1000 population below the national rate.

Illegitimacy remained stable around 8% of live births.

Total deaths showed little change in number or rate.

Following the unusually favourable situation as to still births and infant deaths noted in 1970, it is not surprising to find a reverse fluctuation, which illustrates the importance of noting trends rather than individual rates or numbers.

The deaths of persons under the age of 65 years accounted for 23% of all deaths – a proportion that changes little. The main causes of these untimely deaths were Cancer and Heart disease, each accounting for 29% of the total. Where the primary location of cancer could be established in these cases it was found to occur in the lung 22%, breast 18%, stomach and intestine 16% and uterus 5%.

ENVIRONMENTAL HEALTH SERVICES

This section of the Report is prepared in accordance with Ministry of Health Circular 1/72 and presented in two parts:

PART I Reports

**PART II Appendices giving tabular statements and
 particulars specifically required**

PART I

REPORTS

1. WATER SUPPLY

The Borough is supplied with water from three main sources, viz.

- (a) The Dorset Water Board which obtains its supplies from deep wells in the chalk;
- (b) The Bournemouth and District Water Company whose water is obtained from a deep well and the River Avon, and
- (c) The Canford School private supply. This is drawn from an artesian well and provides water for the school and a few houses in the area. If necessary, this supply is augmented by water from the Bournemouth and District Water Company's main supply.

All of these piped supplies are properly treated, checked and are satisfactory in quality and quantity. It was not necessary to take any action with regard to contamination of these supplies.

There are also three houses in the remote parts of the Borough which rely upon wells for their supplies. These are checked periodically and found to be satisfactory.

APPENDIX A "Details of Piped supplies".

2. SEWERAGE AND SEWAGE DISPOSAL

The drainage of the Borough is mainly on the "separate" system but the drainage of rainwater from domestic premises is generally into sumps. These are quite effective on the gravelly soils but in some cases of clay subsoil, small problems arise from time to time.

The Council's policy of diverting all sewage discharges from the Poole Bay to the sewage disposal works at Creekmoor is continuing and at present about 80% of the total is already treated at the purification works. It is now anticipated that the work will be completed in 1973.

FOUL DRAINAGE

Bearwood main drainage was completed and all houses in the area connected to the main sewer, 172 cesspools were discontinued, disinfected and filled in. Sewage from Bearwood area is now pumped to Merley for onward transmission by agreement to the Wimborne Urban District sewage works.

A new relief sewer was constructed in Clarendon Road to overcome sewage flooding at the Roman Road end of Clarendon Road.

The deep sewer at Dalling Road was duplicated by tunnel construction between Bourne Bottom Valley and Bourne Valley Road thus completing the third section of the Bourne Valley stage of the scheme for diverting sewage from Poole Bay.

The last stage of the scheme for diverting sewage from Poole Bay consists of the construction of new pumping stations at Branksome Chine and Shore Road respectively to intercept the present discharges of sewage to sea and to pump sewage back to Poole Purification Works for full treatment.

Tenders were invited in December for an early start in 1972 and a completion of the whole diversion scheme by mid-1973.

SURFACE WATER DRAINAGE

The flood relief scheme at Burton Road/Dover Road was completed and other small relief schemes at Library Road and Parkstone Avenue were carried out during the year.

While the foul relief sewer was being laid in Clarendon Road, the opportunity was taken to construct a relief surface water sewer in Clarendon Road, Lewisdon Drive and also at High Blandford Road/Fairview Crescent to overcome a number of flooding points in the valley between Higher Blandford Road and Roman Road.

CESSPOOL AND PAIL CLOSET EMPTYINGS

The past year has seen the completion of the Bearwood main drainage scheme. As a result, the number of premises on cesspool drainage has been reduced to 213, a reduction from the previous year of 172.

During 1971/72, 2,388 visits to premises were made and 5,323 loads of sewage removed (approximately 750 gallons per load).

In addition, there are 30 premises with pail closets and these are emptied twice weekly.

One vehicle is constantly employed, manned by two men, with occasional extra vehicles as the need arises.

3. REFUSE COLLECTION AND DISPOSAL

A weekly collection of household refuse has been maintained throughout the borough during the past year with overtime being worked to cover public holidays and to ensure this:—

14 fully manned vehicles are engaged on household rounds,

in addition, 1 vehicle is employed on collection of trade refuse,

3 vehicles on emptying bulk refuse bins (of which there are approximately 1,100 distributed throughout the borough),

1 salvage vehicle.

29,913 tons of refuse were collected during the year.

All refuse is dealt with by the pulverisation plant, the processed material being used for land reclamation. Since December 1971, the processed material has been used to fill in a section of the Broadstone to Blandford railway cutting to Ashington.

Refuse from the Wimborne Urban District is also dealt with at the pulverisation plant, thus bringing the annual total to 31,386 tons of refuse.

STREET CLEANSING

An acceptable standard of cleansing has been maintained during the past year, although problems increase as the borough continues to grow.

The gang system, combined with three mechanical sweepers, and nine manuelectric trucks continue to operate satisfactorily, although the parked car problem is rapidly on the increase.

In the past year, the old metal orderly trucks have been replaced with three of glass fibre construction, greatly increasing mobility at their points of operation in Sandbanks, Bournemouth Road and the Arndale Centre.

The annual weed spraying cycle appears to be paying dividends as growth has been slowed down considerably in previously bad areas.

GULLY CLEANSING

Last year saw the purchase of a new Eagle gully cleansing vehicle. Three improvements gained over the previous vehicle have been:—

- (a) dual control, thus eliminating the problem of cleansing in one-way streets;
- (b) an increased capacity from 500 to 1,000 gallons; and
- (c) washing facilities are now carried on the vehicle for the crew.

The overall cycle of cleansing with more frequent cleansing in main shopping areas and known bad areas, has been maintained throughout the year. 16,730 gullies were cleansed during the year.

4. PUBLIC HEALTH INSPECTION OF THE AREA

The inspectorial system is based on the use of district inspectors carrying out most of the duties in their own districts with certain matters such as enquiries into infectious diseases, port health duties being dealt with by the senior staff. This system works well but there comes a time when the growth of the town is such that the complex duties are better carried out by semi-specialist inspectors and it would seem that the Borough is approaching that point now.

The Department has been under strength for 2½ years on accepted staff requirement of one inspector to 10,000 of the population. This standard was accepted many years ago but the duties have so increased in scope and number in the last twenty-five years that this proportion is no longer considered to be sufficient. It is felt that the proportion should now be one inspector to 8,000 population. With a staff of this size there is no doubt the work can be better organised and the monitoring of the environment can be efficiently and properly carried out.

APPENDIX B "Summary of Public Health Inspectors Work"

During the year, the total number of visits by the inspectors was 27,384. This is an increase over the previous year but is not up to the standard desired. The appointment of another inspector in 1972 will be a welcome addition to the staff.

COMPLAINTS

The Department received 2,806 complaints from the general public and this number included 1,306 relating to rodents and pests and 111 with regard to food. The general complaints covered a wide range of matters, some of which were outside the scope of the department and some outside the duties of the Council. It is however, the practice of the staff to give what advice they can and to direct complainants to the proper offices in order to obtain information and attention.

As is usual now, many of the complaints were with regard to social and amenity problems rather than those of matters which were injurious to health.

When complaints have been investigated, if works are required, it is the practice to inform those responsible by informal letters and the majority of the work executed is carried out by this means. The object is to get wrongs righted rather than legal punishment against the offenders.

NOISE CONTROL

Complaints of noise are still made and no doubt will continue to be made as the public

becomes aware of the menace of increasing noise. As a result of the positive action of the inspectors it is unusual now to find road-breaking chisels being used without mufflers and attention is now being directed towards the provision of quieter compressors and the use of moveable sound-absorbent screens.

A special problem of potential nuisance from noise was experienced in a factory. The owners were advised to consult specialists and after carrying out their recommendations, no cause for complaint has arisen.

In another, a highly complex mechanical process was installed to overcome problems under the Clean Air Act and this in turn created a nuisance under the Noise Abatement Act. Again, specialists have been consulted and it is hoped that by complying with their suggestions the matter will be settled to the satisfaction of the nearby residents.

Loud speakers still remain a "hard case" of noise complaint — whether from factory address systems, auction sales or ice-cream chimes.

In all, 62 complaints of noise were dealt with during the year relating to twenty-six industrial premises, 15 commercial premises, 13 road constructions and demolition, and 8 domestic premises.

ODOUR CONTROL

In spite of the sophisticated conditions under which we live, it is surprising how many complaints are received of offensive odours. This is not confined to this area but is a national problem. A Working Party is considering this matter at present and it is hoped that their Report will produce answers to our many problems.

One of the main complaints received this year was with regard to the offensive odours in the Sterte area from Holes Bay. It was found that the odours came from the decaying seaweed (sea-lettuce), where the rate of growth of this weed was phenomenal. There would be no nuisance if the weed decayed under water but at the ebb of each tide, the rotting weed is exposed to the air causing nuisance to persons in the area.

The Sterte area abuts on Holes Bay, which is a large backwater of the harbour. It is very shallow over most of its area and it receives extra nutrient in the effluent from the sewage disposal works. Both of these factors assist the growth of the weed and it has not yet been found possible to find a cure. A very cold winter will retard the growth but it is felt the answer will probably lie in reclamation or dredging or a combination of both so that the weed can only grow in deep water where it will be covered with water at all stages of the tide. Investigations into other methods are still being made however.

There are one or two other aerial emissions which produce offensive odours but these are dispersed at high level for maximum dissipation and this is generally satisfactory. Complaints of odours are received only when there is a temperature inversion. In spite of this, searching enquiries are still being made in an endeavour to overcome these problems.

MEASUREMENT OF AIR POLLUTION

In Appendix D 1 and D 2, graphs are re-produced showing the levels of smoke and sulphur dioxide for the year. Appendix D 3 shows the trends since 1964 and from this it will be seen that the general trend prior to 1970 was downwards but 1971 tends to show a slight up turn. Too much importance should not be made of this in respect of any single year, but in view of the continued growth of the town, both residentially, commercially and industrially, it is hoped to ask the Health Committee to consider whether a programme of smoke control should not be embarked upon.

APPENDIX D 1 Volumetric Measurement — Smoke

APPENDIX D 2 Volumetric Measurement — Sulphur

APPENDIX D 3 Trends in Atmospheric Pollution

CLEAN AIR

One of the problems to be dealt with is the emission of smuts from heating plants; generally when the heating plant is operated on a steady load no trouble is experienced, but when the load, that is, the demand for heat, is a fluctuating one, it is practically impossible to prevent the emission of oil smuts.

This could be kept to a minimum with efficient working, but there is at present no solution which would totally eliminate the emission of smuts.

We would advise all householders with oil central heating boilers that they should have them regularly serviced.

Whilst industry already recognise the wisdom of regular servicing many householders still do not realise that by using a central heating boiler inefficiently they are literally burning money. Regular service is essential not only for efficiency and economy but also for keeping annoyance to neighbours at a minimum.

40 applications for approval of chimney heights were received and approved, some after discussion and alteration.

DISINFESTATION AND PEST CONTROL

The Department dealt with 495 complaints of pests (other than rodents). These complaints referred to wasps and bees; ferral pigeons, starlings, coleoptera and lepidoptera and occasionally of snakes and foxes. The last two are outside the scope of the Department but complainants are assisted with advice in these cases.

The large number of complaints of wasps results in heavy costs to the Council as these are dealt with free of charge. If residents — and visitors — killed every wasp they could find in the Spring, the Council would be saved a considerable amount of money. It's the "May Queen" we're after!

Complaints of bees swarming are passed to helpful apiarists who deal with these matters not always to their own advantage and this assistance is much appreciated.

The improvement in drainage of low-lying places has reduced the breeding places of mosquitoes but a watch is kept on all pools and streams and, where necessary, preventive action is taken by the use of oil and paraffin or oil capsules.

Ferral pigeons remain a problem and we are at present just about "holding our own" but it is hoped to make better inroads into their reduction in 1972. The migration of starlings causes trouble in one or two places in the Borough — particularly at Sandbanks. These "murmurations" produce a resounding noise and it is like a Heaven sent blessing to the residents when they depart. They also produce problems with their droppings. Unfortunately there is no practical way of preventing this nuisance.

At least we can congratulate ourselves that again we had no complaints of the bed-bug.

RODENT CONTROL

855 complaints of rats and mice were received during the year and this low level compares favourably with the figure of 857 for 1970 and is indicative that the efficiency of the service has been maintained. During the year there have still been a number of cases of mice in the area which were Warfarin resistant (Warfarin is an anticoagulant poison). In such cases, Alphachloralose was used in conjunction with more traditional methods of trapping which have been proving extremely effective. A number of block controls have been carried out and it is hoped that it will be possible to continue this work during the coming year.

CARAVANS, CAMPING SITES AND GYPSIES

There are only two caravan sites within the Borough, situated in the Rockley and Merley areas. Both are holiday camps open from March to October inclusive. The former has a

capacity of 1,125 caravans with accommodation for 110 tents while the latter has accommodation for 126 caravans and of these 26 are connected with the main sewerage system. Both of these camps are in delightful situations, the first with littoral views, whilst the latter is in a rural setting.

No caravans were licensed for use with private houses.

The gypsy problem was again with the Council but this year showed a great step forward in abating the serious nuisances which have arisen by the illegal occupation on a portion of the large heath in the centre of the Borough. By the joint efforts of the Dorset County and the Borough Councils, two camps were erected — one for 22 gypsy families and one for 29 families, and these were occupied during the year.

The first camp is at Mannings Heath Road and is of a permanent nature. It is hoped that the occupants can be educated into more civilised ways with a view to their being housed in due course. The camp has concrete roads, paths and standings. Each individual caravan site is to be fenced and is already provided with a solid building containing a room with sink and hot and cold water and electricity point. Also, a separate toilet connected to the sewer is provided for each family in this building. There is a central block providing baths for men and women, a warden's office and bulk refuse storage bins. The first minor difficulties are being ironed out and it is hoped that the camp will be a means of successful rehabilitation for the occupants before long.

The second camp is of a temporary nature being scheduled to be vacated and closed down at the end of 1973 as the area will be required for road works. The camp was provided with a hard road, a central area with mobile conveniences connected to a cesspool, main water supply and an electricity supply for lighting of the conveniences. The site is on a ridge of gravel and no artificial standings or roads were laid down within the camp although the main circulating camp road was improved with granite chippings. There have been great problems with this camp as it is occupied by those families who have no intention of ever becoming house-dwellers and they are still living in their own nomadic way of life. It is the intention of the Council to reduce the size of this camp as each family leaves.

There is no doubt that some form of "transit camp" will still be required for this travelling-type of gypsy but it should be sited in a rural area.

SWIMMING BATHS

There are two open-air swimming baths in the Borough, one being owned by the Council and one privately. The Council is at present engaged in building a large heated covered swimming pool which will be a welcome addition to the amenities of the Borough. It is hoped that this pool will be available in late 1973. There are 12 swimming pools attached to schools and these, with the public pools add another responsibility to the public health inspectors in checking and advising on the water treatment to ensure a clean, safe and acceptable pool.

102 samples were taken for bacteriological examination and 88 of these were found to be satisfactory. There were also the routine checks on the chlorine residuals and the pH readings.

APPENDIX E Samples of Swimming Bath Water

KEEPING OF ANIMALS

(i) Diseases of Animals

Each public health inspector in this Borough is designated as an Inspector under the Diseases of Animals Act and as such is liable to be called out at any time of the day or night. He has to be familiar with the Act and over 160 Orders. (A reference is also made in the Report of the Port Medical Officer of Health to the duties under this heading).

There are 12 licensed swill-boiling plants in the district.

(ii) Animal Boarding Establishments Act 1963

There is only one registered establishment in the Borough and this is regularly inspected by the Borough Veterinary Officer and the public health inspector and was found to be well-maintained throughout the year.

(iii) Riding Establishments Act 1970

This Act is for the protection of horses which are let out for hire but unfortunately does not cover those which are privately owned or at livery. Two premises were licensed during the year and these were inspected both by the Borough Veterinary Officer and the public health inspectors from time to time. The conditions attached to the licenses were well observed in all cases.

(iv) Pet Animals Act 1951

This Act is for the protection of animals kept for sale and it should be noted the term "animal" includes fish. Ten premises were licensed during the year and all were well-maintained. One point might well be drawn to the attention of the public. It is that these pets must not be sold to any one under the age of 12 years.

(v) Zoos

Although this is not a direct responsibility under the Diseases of Animals Act, the Department keeps in very close touch with the matter. The premises are regularly inspected by the public health inspectors and from time to time by the Borough Veterinary Officer. The advice of the Federation of Zoological Gardens of Great Britain and Ireland was taken and their recommendations are being implemented while many additional improvements have also been made.

(vi) General

Frequent inspections are made of piggeries, stables and poultry premises and special attention is paid to the requirements of the Act and Orders as well as to the possibility of nuisance being produced. The inspection of swill-boiling plants has special attention in order to prevent the transference of any infection from uncooked swill to the animals. Also a close watch is kept on premises which sell raw meat for pets to ensure there is no cross-infection.

The Council has the benefit of the advice of Col. Kingston, M.B.E., M.R.C.V.S., and who is always ready to assist the Department in matters appertaining to the health of animals.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

The Department has the responsibility of carrying out duties under the Act on behalf of the Council in all premises except those occupied by the Crown, Local Authorities and Mining Operators.

There are 1317 premises registered under the Act in the Borough, an increase of 54 over 1970.

The Act is an excellent one and is for the safety and welfare of the workers. There are a number of exemptions and it is felt the time has probably come when some of these could be withdrawn. There is no real reason why those workers who are engaged for less than 21 hours a week should not be provided with the amenities available to those who work longer than this period. Also it is just as essential for members of "family businesses" to have washing and sanitary facilities as the employees in other premises.

One of the matters which is new to public health departments is the responsibility for ensuring that all lifts are in a safe state, that machinery is safe and that all accidents are investigated and recommendations made for their future prevention. This means that since the passing of the Act the inspectors have had to learn new technical subjects and it says much for their standards that they have been able to do so and to administer the Act and Orders with the minimum of trouble.

1,245 premises received a general inspection during the year but the number of visits of all kinds by inspectors to premises registered under this Act was 4,158.

Generally, contraventions were of a minor nature, and it was not necessary to take legal proceedings during the year.

23 accidents were notified during the year, fortunately, all were of a minor nature. Of these, 15 were investigated by the public health inspectors and where necessary, constructive suggestions were made.

- APPENDIX C 1 Premises, Inspections, Etc.
- APPENDIX C 2 Contraventions and work executed
- APPENDIX C 3 Exemptions Granted
- APPENDIX C 4 Accidents

HOUSING

- (i) General
 - (a) Number of Houses in occupation in the Borough
- The total number of dwelling houses occupied and void was 38,060. One thousand six hundred and sixty three houses were still under construction on 31st December 1971.

Year	Over £30		Under £30		Total		Popu- lation	Persons per occupied house
	Occu- pied	Void	Occu- pied	Void	Occu- pied	Void		
1971	36,801	749	507	3	37,308	752	106,610	2.1

- (b) New House construction 1971
 - (1) Total number of houses of all types completed in 1971 1,312
 - (2) Total of above completed as part of a Municipal Scheme 183
 - (3) Total number of houses under construction at 31st December, 1971 1,663
 - (4) Number of houses under construction at 31st December 1971, which form part of a Municipal Scheme 336
 - (5) Number of houses included in Municipal Schemes approved but not actually under construction at 31st December 1971 425

- (ii) Housing Act 1969
- This is the second full year in which the Act has been in operation and it has worked very well. It is an excellent Act, although the procedure may seem a little clumsy, but there is no doubt it is resulting in the saving of older houses, and the raising of them to a far better standard then could be achieved under the Housing Act 1957. It ensures that the occupier has a house in good repair with all modern amenities and that the owner gets a fair return for his investment.

This work is one which brings the inspectors into the homes of many people and necessitates several calls and a great deal of time is necessarily spent in explaining to occupiers the advantages of the Act. By this means many tenants – particularly the older ones – are assisted and are able to obtain better home conditions. At the same time the occupiers are given advice with regard to sources of financial and other assistance which may be required.

During the year, the total number of applications for Qualification Certificates was 343. Of these, 60 were for combined Qualification Certificates and Grant for Improvement.

- APPENDIX J Qualification Certificates
- APPENDIX K Rent Act 1957

(iii) Routine Inspection and Repair

The traditional work of inspection of houses with a view to their being maintained in a good state of repair or for their condemnation has continued through the year. As a result of past work there are very few houses which need condemnation and the work associated with the issue of Qualification Certificates has also taken some of the pressure out of this branch of work. But while there are houses, there will always be those which need official action to see that they are properly maintained.

The number of houses inspected was 1,369 and 3,133 visits were made excluding those made of Houses in Multiple Occupation.

APPENDIX I

(iv) Housing Improvements

The percentage of houses requiring one or more amenities to complete their improvement was about 4.7 in 1970. Since that time this will have been reduced by reason of the number of houses improved with the help of Council grants or solely by private enterprise and the increase in the house building. This Town has a high percentage of owner-occupied houses and the number is increasing and there is no doubt that the improvements are being carried out at a good rate. As stated in my last report, the problem for the next few years will be in dealing with the houses occupied by the aged who do not wish to be disturbed by improvement operations or feel they are unable to accept the additional financial burden, although in most cases this can be covered by allowances from the Department of Health and Social Security.

(v) General Improvement Areas

The Department had already submitted two areas for attention. These were considered and it was decided that the first to be dealt with would be the Heckford Park district. This area of well-constructed and planned houses forms a compact residential area on level ground close to the old part of Poole and near the Park. It is therefore a popular area for the older residents and one which could benefit from being considered for general area improvement. A working committee of officers has been set up and their suggestions are nearing completion. It is hoped that the Area will be dealt with in 1972. While the matter is being considered the Department is continuing its inspection of each of the houses and is drawing the attention of the residents to the benefits of the scheme; is collecting their ideas with regard to general improvements required and is explaining the benefits of improvements for which grants are available. This is a most important part of the work and it cannot be denied that the best place to give this advice is in the tenants' homes.

(vi) Houses in Multiple Occupation

This is an area in housing which, due to the shortage of houses, the high cost of purchase and the reduction in council house building, is most likely to increase. People who want to live their own lives will be unable to afford to buy houses and there will be a tendency for owners of the larger houses — and later the smaller houses — to be made available for extra families. This means that premises originally intended for one family and provided with facilities for that occupation will be used by two or more families. This immediately brings in problems and it is the duty of the department to see that these houses are kept free from overcrowding; that they have sufficient and suitable amenities and that there are adequate means of escape in case of fire. This duty places a great responsibility on the Department and on the individual inspectors.

The Council is aware of the problem and has agreed to pay grants for improvements in approved cases in order that the houses can be occupied satisfactorily by more than one family.

At present there are 125 houses recorded as being houses in multiple occupation but it is certain that there are many others and these can only be discovered by the general inspections carried out by the inspectors.

(vii) Slum Clearance

It is pleasant to report that this heading has only now a historical significance in the town. It is only occasionally that a single house is found which is considered unfit and no difficulties have been encountered in dealing with them.

No houses were closed or demolished under this category in the year.

FOOD

(i) Food Hygiene - Premises

Another of the very important monitorial duties of the Department is with regard to food and probably the most important part of those duties is with regard to food hygiene. The inspection of premises is a constant duty and frequent inspections are essential to ensure that the Regulations are complied with, for, if they are not, then the risk to health of the public is very increased.

During the year, 4,479 inspections were made to food premises without prior notice and it is pleasing to record that generally the premises are satisfactory. Of course, minor contraventions do occur but these are usually rectified on the inspector bringing the matter to the owner's attention.

It is not usually necessary to bring contraventions before the Justices but during the year one case was heard and resulted in fines of £35 for seven offences.

APPENDIX L — Food Premises and Visits

(ii) Food Hygiene - Stalls and Delivery Vehicles

During the year 123 visits were made to stalls and delivery vehicles. There is no doubt that the number of mobile food stalls is increasing and they need to be very well designed and used in order to comply with the Regulations. Again we are fortunate that in general they are well run. In one case brought before the Magistrates in respect of a Beer-Tent at a Dog Show, there was a failure to provide any hot water and detergent for washing glasses, failure to provide hand-washing facilities consisting of hot and cold water, washbasin, soap, towel and nailbrush. In this case, fines of £46 were imposed with regard to eight offences. When one considers the large number of people at risk of food poisoning due to the deficiencies, one wonders whether the fines - which can be up to £100 for each offence - will act as deterrents in the future.

(iii) Food Hygiene - Education

Education in food hygiene is one of the best weapons with which to guard the public against food poisoning. This education must start in the schools and the inspectors are always willing to give talks in the schools although very little advantage is taken of this service.

Lectures and talks are given to interested persons and the Council Course of Instruction, ending with an examination and presentation of certificates to the successful candidates, was continued during the year. It is directed to the food handlers and the course is "tailor made" for the groups concerned i.e. special lectures to the licensed trade; to the provision trade and to hotel workers, etc. Lectures are given at the Technical College as part of a child care course.

If only we could get everyone to understand and practise the three great matters of importance in food hygiene, we should go a long way to eliminating the costly and unfortunate results of food poisoning. These three points are:—

1. Perfect cleanliness
2. Correct storage
3. Rotation of stocks

The Department is always willing to give advice to traders and the general public.

(iv) Meat Inspection

There is only one slaughterhouse in the Borough and it is attached to, and is part of, a large food factory. It is modern and well-maintained and is used solely for the slaughter of pigs. All animals are fully inspected by the public health inspectors' staff at the time of slaughter and the number slaughtered in the year was 32,208.

APPENDIX M Meat Inspection and Condemnation

(v) Poultry Inspection

There are no poultry processing plants in the Borough.

(vi) Other Food Inspection

The inspectors during their routine and sporadic inspections of food premises, inspect the foods which are available for sale. In addition, they are called in by traders when they have food about which they have doubts. Where the inspector gives an adverse report, the foods are surrendered to the Department and they are destroyed under official supervision.

One interesting case occurred during the year in connection with the Montacute celebrations. Here, owing to the torrential rain, the ox-roasting ceremony had to be abandoned and the partially cooked carcass was placed in cold store. Before attempting to continue with the celebrations - which took place some days later - the organisers wisely sought the advice of the Department as to the soundness of the food. The Department advised against its use and it was therefore not sold. Results of samples later showed that the food was contaminated and would possibly have caused some intestinal troubles to any who ate it. The organisers are to be complimented on their foresight.

APPENDIX N Inspection of Other Foods

(vii) Milk Supplies

All retail milk supplies sold in the Borough are prepacked and there are no bottling establishments in the town. A careful check is kept on all milk supplies and regular samples of milk are taken for chemical and bacteriological examinations.

365 samples were submitted for bacteriological examination to the Public Health Laboratory.

All premises from which pre-packed milk is sold are under routine inspection by the inspectors and during the year 394 visits were made to dairies and milk shops.

APPENDIX O Milk Supplies

(viii) Ice-Cream Supplies

There are no ice-cream factories in the Borough although there are a number of premises from which soft ice-cream is sold. 715 visits were made to ice-cream premises.

One national company was concerned in a matter which pointed to the labelling of ice-cream being possibly mis-interpreted by the public. After discussions, alterations were made and these should avoid any further misconceptions as to the type of ice-cream offered for sale.

There is still no legal standard for the bacteriological condition of ice-cream and the "Presumptive Standard" is used. As with milk, ice-cream samples are submitted for bacteriological examination and chemical analysis.

APPENDIX P Ice-cream - Bacteriological sampling

(ix) Food and Drug sampling

This constitutes one of the lesser known activities of the Department. The purpose of the sampling is to ensure that foods and drugs are pure, that they do not

contain any harmful or forbidden colouring, preservative matters or other additives and that they comply with the statements made upon the labels. They should not be confused with those taken for bacteriological examination.

98 Formal and 287 Informal samples were taken during the year.

In addition, 21 samples were taken to ascertain if the residual pesticide level was likely to be harmful.

The Public Analyst for Poole is the City Analyst of the City of Southampton and with his assistance, a broad programme of sampling is prepared which integrates with the sampling programmes of neighbouring authorities.

APPENDIX Q Food and Drug Sampling

(x) Bacteriological Sampling

666 samples of food were submitted to the Public Health Laboratory as part of a wide programme of bacteriological surveillance of foods. These primarily concern milk, shellfish and prepared meat products. By this means, early warning can be given should any possible adverse circumstances arise and suitable steps can be taken. The co-operation of all operators in these special food production fields is essential and it is freely offered. This whole-hearted co-operation is very much appreciated and shows they have an awareness to their responsibility for the foods they produce.

APPENDIX P 2 Bacteriological examination of Other Foods

(xi) Food Complaints

Food complaints generally fall into two groups, those foods which it is alleged are unsound and those which contain "foreign matters".

All of these complaints are fully investigated and where necessary, Court action is taken. One of the foremost problems we encounter is with regard to perishable foods and there is no doubt the failure of the vendors to mark their own date-coding and properly rotate their stock is the cause of most of the complaints of unsound food. It is emphasised, that, irrespective of the manufacturer's code or the practice of "merchandising", every vendor should mark his perishable articles of food with a code which easily identifies the date on which it was delivered to him, and that his stock is properly rotated.

111 food complaints were received and 5 were brought before the Magistrates, a total of £119 being imposed in fines.

(xii) Milk Supplies - *Brucella abortus*

All milk sold in this area is heat-treated. No samples of raw milk were examined.

FACTORIES ACT

All factories are inspected from time to time and without prior notice. There were a few minor contraventions but these were complied with by informal action. During the year, 1051 visits were made and 39 contraventions were discovered.

APPENDIX G for details of inspections etc.

OUTWORKERS

During the year, 87 visits were made to the homes of outworkers all of whom were engaged in the clothing trade. Details of the requirements are made known to the persons concerned but no action was found to be necessary with regard to unwholesome or infected premises. There are no outworkers concerned with food preparation.

APPENDIX H for details

PERSONS IN NEED OF CARE

(Section 47 National Assistance Act 1948)

(National Assistance (Amendment) Act 1951)

It was necessary on one occasion to involve compulsory powers.

5. FOOD POISONING

One case of food poisoning was reported at a local function, in which 20 persons were affected, this was traced to *c. welchii* and upon investigation it was ascertained that the source of the infection was some cold meat served at the function.

There was one family outbreak due to *salmonella typhimurium* and five cases due to other types of *salmonella*.

During the year, a total of 63 cases of enteritis and similar conditions were investigated.

206 specimens of faeces were submitted for examination.

This Department greatly appreciates the co-operation of the medical practitioners in the area and in particular the Director and Staff of the Public Health Laboratory at Poole General Hospital.

PART II

APPENDIX A

WATER SUPPLY

a. Details of Piped supplies

Supplier	Approximate Number of Persons Supplied	Approximate Number of Houses Supplied	Number of standpipes	Fluoride Content (Fluorine as F.)
Dorset Water Board)	106,000	30,000	Nil	0.1 p.p.m.
)				
Bournemouth and District Water Co.)		8,000	Nil	0.1 p.p.m.
Canford School	500		Nil	2.0 p.p.m.

Typical Reports

	DWB	BDWC	CANFORD
(a) PHYSICAL EXAMINATION			
Colour-Hazen units	5	5	5
Appearance	Clear & Bright	Clear & Bright Slight deposit	Slightly turbid and opalescent
Odour	Normal	Normal	Normal
(b) GENERAL CHEMICAL EXAMINATION (Results in Parts per Million)			
Reaction (pH value)	7.8	7.6	7.4
Free Carbon Dioxide as (CO ₂)	2	12	12
Free & Saline Nitrogen (asN)	0.04	0.04	0.17
Albuminoid Nitrogen (asN)	0.02	0.03	0.03
Nitrous Nitrogen (asN)	0.01	0.01	0.01
Nitric Nitrogen (asN)	3.4	4.4	0.5
Total Hardness by E.D.T.A. method (as CaCO ₃)	140	245	225
Temporary Hardness (as CaCO ₃)	105	220	215
Permanent Hardness (as CaCO ₃)	35	25	10
Total Alkalinity (as CaCO ₃)	105	220	215
Oxygen absorbed from N/80 permanganate in 4 hours at 27°C	Nil	Nil	Nil
Total Dissolved Solids (dried at 180°C)	250	380	360
Free Chlorine	Nil	0.05	Nil
(c) MINERAL ANALYSIS (Results in Parts per Million)			
Calcium As Ca	48	94	65
Magnesium as Mg	4.5	3.0	15
Sodium as Na	13.5	7.5	30
Carbonate as CO ₃	63	132	129
Chloride as Cl	24	15	30
Sulphate as SO ₄	16	3.5	37
Nitrate as NO ₃	15	19	2.5
Nitrite as NO ₂	0.05	0.05	0.05
Silicate as SiO ₂	14	14	18
Iron as Fe	0.05	0.05	0.40
Lead as Pb	0.05	0.05	0.05
Copper as Cu	0.05	0.05	0.05
Zinc as Zn	0.22	*2.20	0.05
Fluorine as F	0.1	0.1	2.0

* Observations

The sample was free from pollution but showed the presence of a small amount of zinc which could be derived from a galvanised pipe or from a new galvanised tank. The amount present would in no way constitute a health hazard and if it is due to the causes suggested, it will disappear once the water has had time to form a surface coating.

APPENDIX B

SUMMARY OF PUBLIC HEALTH INSPECTORS' WORK

VISITS

Animals:

Pet Animals Act	...	...	...	...	...	...	...	...	...	...	...	...	16
Pet Meat Shops	...	...	...	...	...	...	...	...	...	...	...	...	17
Animal Boarding Establishments	...	...	...	...	...	...	...	...	...	...	...	...	5
Piggeries and Stables	...	...	...	...	...	...	...	...	...	...	...	...	83
Swill Plants	...	...	...	...	...	...	...	...	...	...	...	...	30
Keeping of Other Animals	...	...	...	...	...	...	...	...	...	...	...	...	51
Agricultural Premises	...	...	...	...	...	...	...	...	...	...	...	...	53
Diseases of Animals (Town and Port)	...	...	...	...	...	...	...	...	...	...	...	...	235
													<u>490</u>

Clean Air:

Clean Air Act	...	...	...	...	...	...	...	...	...	...	...	...	449
													<u>449</u>

Drainage:	...	...	...	...	...	...	...	...	...	...	...	...	1344
													<u>1344</u>

Food:

Meat Inspection at Slaughterhouse	...	...	...	...	...	...	...	...	...	...	...	...	234
Other Food Inspection	...	...	...	...	...	...	...	...	...	...	...	...	727
Sampling	...	...	...	...	...	...	...	...	...	...	...	...	1168
													<u>2129</u>

Port:

Ships	...	...	...	...	...	...	...	...	...	...	...	...	287
Deratting Exemption Certificate	...	...	...	...	...	...	...	...	...	...	...	...	26
General	...	...	...	...	...	...	...	...	...	...	...	...	518
													<u>831</u>

Public Places:

Places of Public Entertainment	...	...	...	...	...	...	...	...	...	...	...	...	72
Public Conveniences	...	...	...	...	...	...	...	...	...	...	...	...	70
Swimming Pools	...	...	...	...	...	...	...	...	...	...	...	...	207
Camps	...	...	...	...	...	...	...	...	...	...	...	...	113
Schools	...	...	...	...	...	...	...	...	...	...	...	...	125
													<u>587</u>

Refuse and Accumulations:

Visits	...	...	...	...	...	...	...	...	...	...	...	...	488
													<u>488</u>

Water Supply:

Visits	...	...	...	...	...	...	...	...	...	...	...	...	90
													<u>90</u>

General:

Persons in need of care	...	...	...	...	...	...	...	...	...	...	...	...	21
General Visits	...	...	...	...	...	...	...	...	...	...	...	...	1959
Interviews	...	...	...	...	...	...	...	...	...	...	...	...	1821
													<u>3801</u>

APPENDIX B (continued)

VISITS (continued)

Food Premises:

Catering	...	...	...	...	...	...	...	...	...	...	...	...	1051
Bakehouses	...	...	...	...	...	...	...	...	...	...	...	...	53
Butchers	...	...	...	...	...	...	...	...	...	...	...	...	232
Fishmonger	...	...	...	...	...	...	...	...	...	...	...	...	137
Grocer	...	...	...	...	...	...	...	...	...	...	...	...	544
Greengrocer	...	...	...	...	...	...	...	...	...	...	...	...	275
Milk Shops and dairies	...	...	...	...	...	...	...	...	...	...	...	...	394
Ice cream premises	...	...	...	...	...	...	...	...	...	...	...	...	715
Licensed premises	...	...	...	...	...	...	...	...	...	...	...	...	362
Food factories	...	...	...	...	...	...	...	...	...	...	...	...	87
Vans and Stalls	...	...	...	...	...	...	...	...	...	...	...	...	123
Slaughterhouse	...	...	...	...	...	...	...	...	...	...	...	...	71
Other food premises	...	...	...	...	...	...	...	...	...	...	...	...	435
													<u>4479</u>

Housing:

Houses	...	...	...	...	...	...	...	...	...	...	...	...	3133
Common Lodging Houses & Houses in Multiple Occupation	...	...	...	...	...	...	...	...	...	...	...	...	680
Rent Act	...	...	...	...	...	...	...	...	...	...	...	...	—
Caravans	...	...	...	...	...	...	...	...	...	...	...	...	378
													<u>4191</u>

Infection & Pests:

Investigations into diseases	...	...	...	...	...	...	...	...	...	...	...	...	236
Pests	...	...	...	...	...	...	...	...	...	...	...	...	203
Verminous premises	...	...	...	...	...	...	...	...	...	...	...	...	33
Rodent Control	...	...	...	...	...	...	...	...	...	...	...	...	1129
													<u>1601</u>

Industrial Premises:

Office	...	...	...	...	...	...	...	...	...	...	...	...	1235
Shops	...	...	...	...	...	...	...	...	...	...	...	...	2916
Railway Premises	...	...	...	...	...	...	...	...	...	...	...	...	7
Factories	...	...	...	...	...	...	...	...	...	...	...	...	1051
Outworkers	...	...	...	...	...	...	...	...	...	...	...	...	87
Workplaces	...	...	...	...	...	...	...	...	...	...	...	...	377
Hairdressers	...	...	...	...	...	...	...	...	...	...	...	...	152
Offensive Trades	...	...	...	...	...	...	...	...	...	...	...	...	58
													<u>5883</u>

Nuisances:

Filthy Premises/Articles	...	...	...	...	...	...	...	...	...	...	...	...	19
Noise and Vibration	...	...	...	...	...	...	...	...	...	...	...	...	642
Ditches, etc.	26
Other complaints	334
													<u>1021</u>

TOTAL NUMBER OF INSPECTIONS	<u><u>27384</u></u>
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WORK DONE

Housing:

No. of houses inspected for housing defects	1369
No. of houses recorded under Housing Regulations	1369
No. of houses requiring repair	...	...	...	...	...	...	...	...	80
No. of houses repaired without formal action	...	...	...	...	...	...	...	...	58
No. of houses repaired after formal action	...	...	...	...	...	...	...	...	47

Drainage:

Choked drains, cleared	...	...	...	...	...	...	...	...	...	731
Drains altered, repaired or reconstructed	...	...	...	...	...	...	...	...	...	2
Drains tested	...	...	...	...	...	...	...	...	...	—
Certificate tests carried out	...	...	...	...	...	...	...	...	...	—
Cesspool drainage connected to sewer	172

Refuse:

Dustbins provided/Accumulations removed	9
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Disinfections, etc., carried out:

Infectious diseases	7
Verminous premises	54
Insect pests, etc.	...	...	...	...	...	...	...	...	...	441

General:

Food premises — number where defects remedied	...	...	...	...	...	...	...	...	...	28
Industrial premises — number where defects remedied	...	...	...	...	...	...	...	...	...	17
Premises in which animals kept — number where defects remedied	...	...	...	...	...	...	...	...	...	4
Other premises — number where defects remedied or nuisance abated	...	...	...	...	...	...	...	...	...	76
Complaints investigated	...	...	...	...	...	...	...	...	...	1399

Notices:

No. of informal notices served	317
No. of informal notices complied with	...	...	...	...	...	...	...	...	...	220
No. of statutory notices served	...	...	...	...	...	...	...	...	...	63
No. of statutory notices complied with	...	...	...	...	...	...	...	...	...	49

APPENDIX C 1

Offices, Shops and Railway Premises Act, 1963

TABLE A

Registrations and General Inspections

	Number registered during year	Total No. registered at end of year	No. Premises receiving a general inspection during the year
Offices	46	438	401
Retail Shops	29	719	684
Wholesale Shops and Warehouses	5	44	44
Catering Establishments open to the public	3	111	111
Fuel Storage Depots	—	5	5

TABLE B

Number of visits of all kinds by Inspectors to Registered Premises: 4,158

TABLE C													
Analysis of persons employed in Registered premises by Workplace:													
Offices	...	...	...	...	...	...	...	...	...	...	...	...	4525
Retail Shops	...	...	...	...	...	...	...	...	...	...	...	...	3736
Wholesale Shops and Warehouses	...	...	...	...	...	...	...	...	...	...	...	...	385
Catering Establishments open to the public	...	...	...	...	...	...	...	...	...	...	...	...	986
Canteens	...	...	...	...	...	...	...	...	...	...	...	...	54
Fuel Storage Depots	...	...	...	...	...	...	...	...	...	...	...	...	34
Total												...	9720
Males												...	4850
Females												...	4870

APPENDIX C 2

Offices, Shops and Railway Premises Act, 1963

Analysis of Contraventions and Works Done

In respect of:—

	Contraventions	Work Done
Sec. 4. Cleanliness	90	27
Sec. 5. Overcrowding	—	—
Sec. 6. Temperature	55	10
Sec. 7. Ventilation	24	1
Sec. 8. Lighting	19	6
Sec. 9. Sanitary Conveniences	54	25
Sec. 10. Washing Facilities	57	17
Sec. 11. Supply of drinking water	—	—
Sec. 12. Accommodation for clothing	5	—
Sec. 13. Sitting Facilities	—	—
Sec. 14. Seats for Sedentary Workers	—	—
Sec. 15. Eating Facilities	1	—
Sec. 16. Floors, passages, stairs	52	11
Sec. 17. Fencing exposed parts of machinery ...	4	2
Sec. 18. Protection of young persons from dangerous machinery	3	—
Sec. 19. Training of persons working at dangerous machinery	—	—
Sec. 23. Prohibition of heavy work	—	—
Sec. 24. First Aid — General Provisions ...	84	27
Sec. 50. Abstract of the Act displayed	77	16
TOTAL	525	142

APPENDIX C 3

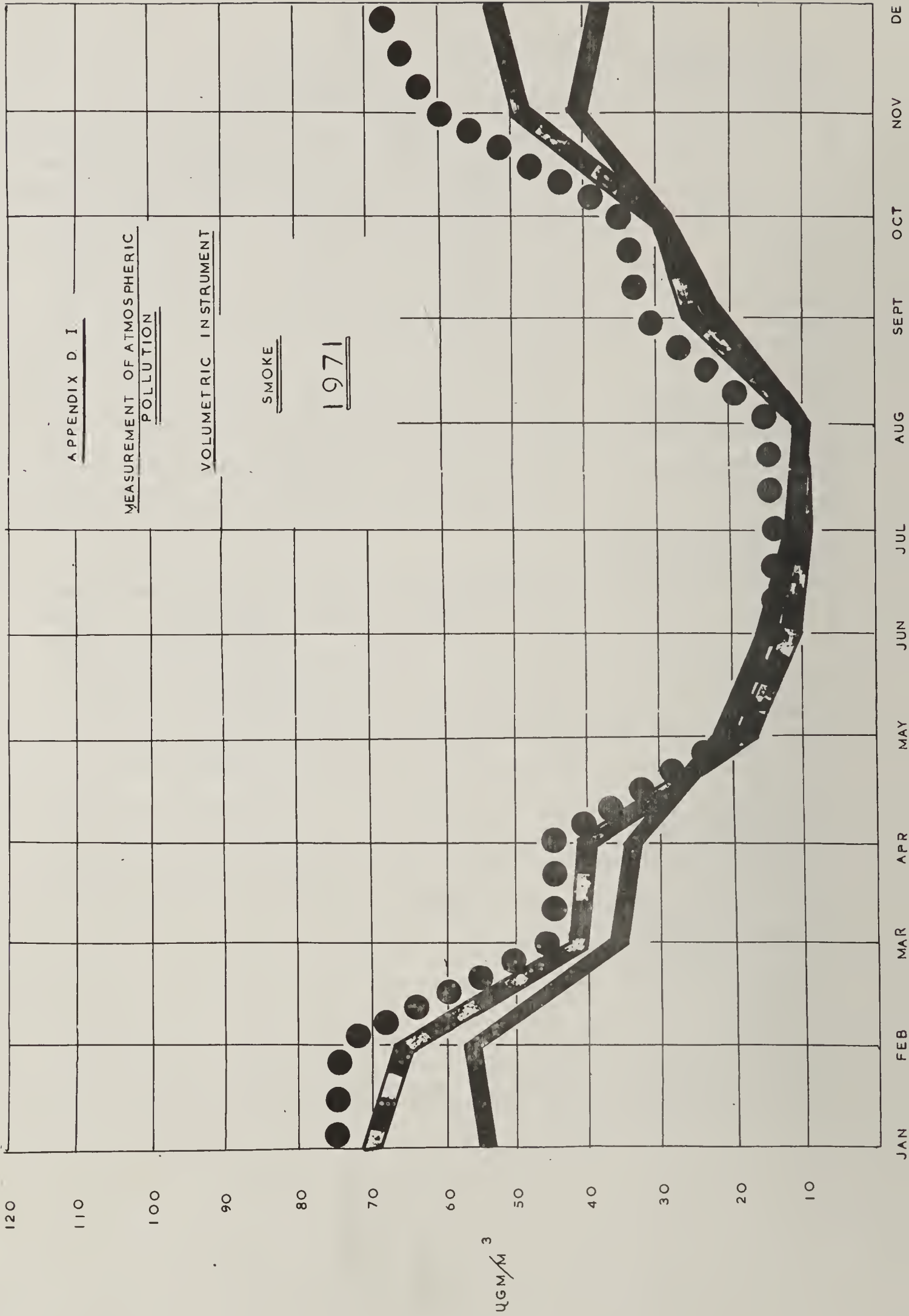
EXEMPTIONS — NIL

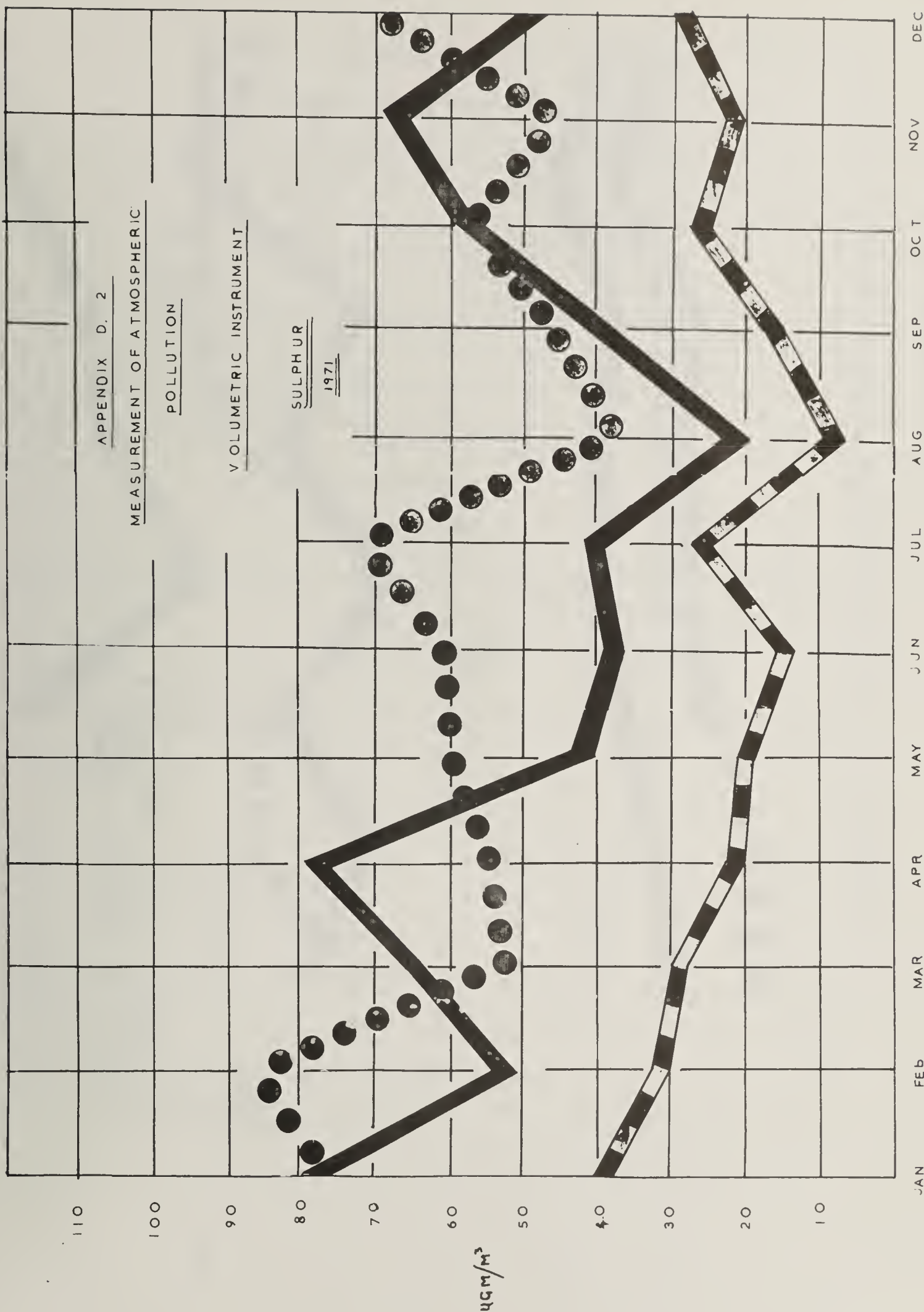
REPORTED ACCIDENTS

Workplace	Number reported		Total No. Investi- gated	Action Recommended			
	Fatal	Non Fatal		Prosecu- tion	Formal warning	Informal advice	No action
Offices	—	9	7	—	—	1	8
Retail Shops	—	12	7	—	—	5	7
Wholesale shops warehouse	—	1	1	—	—	1	4
Catering establishments open to public, canteens	—	1	—	—	—	—	1
Fuel storage depots	—	—	—	—	—	—	—
TOTAL	—	23	15	—	—	7	16

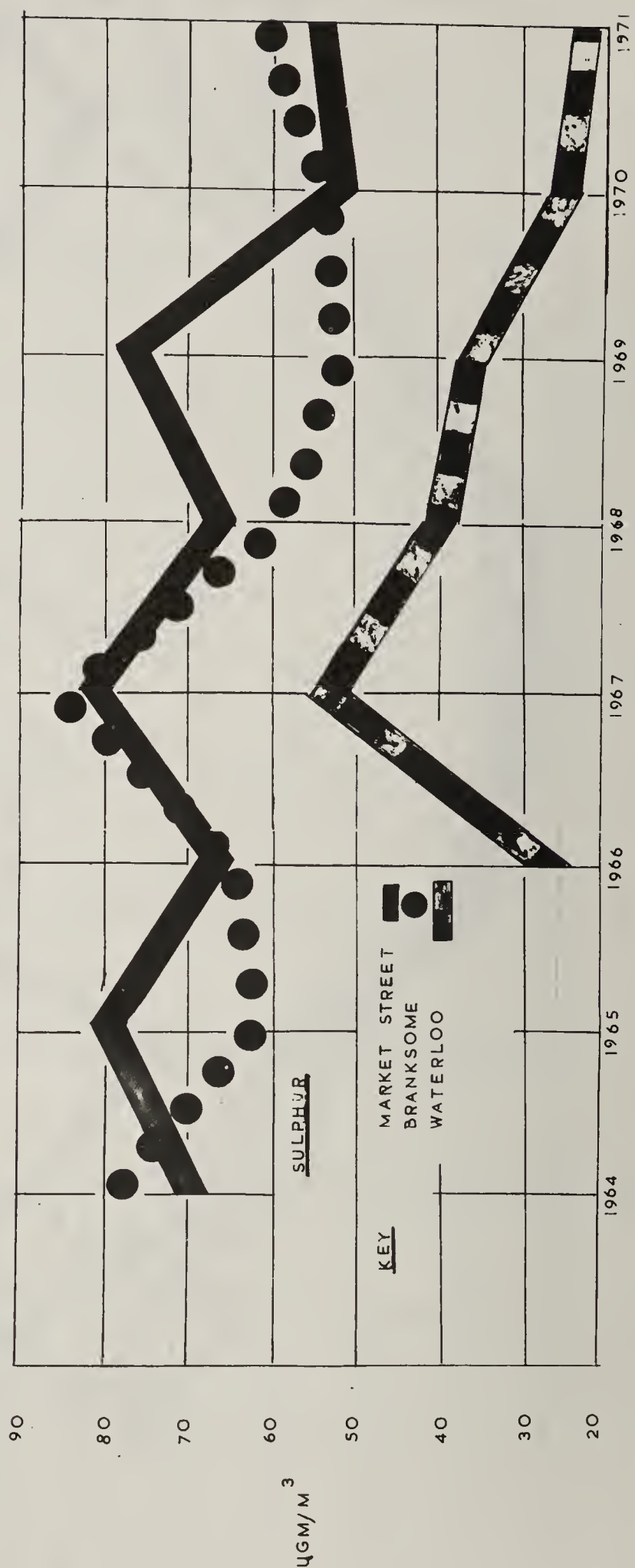
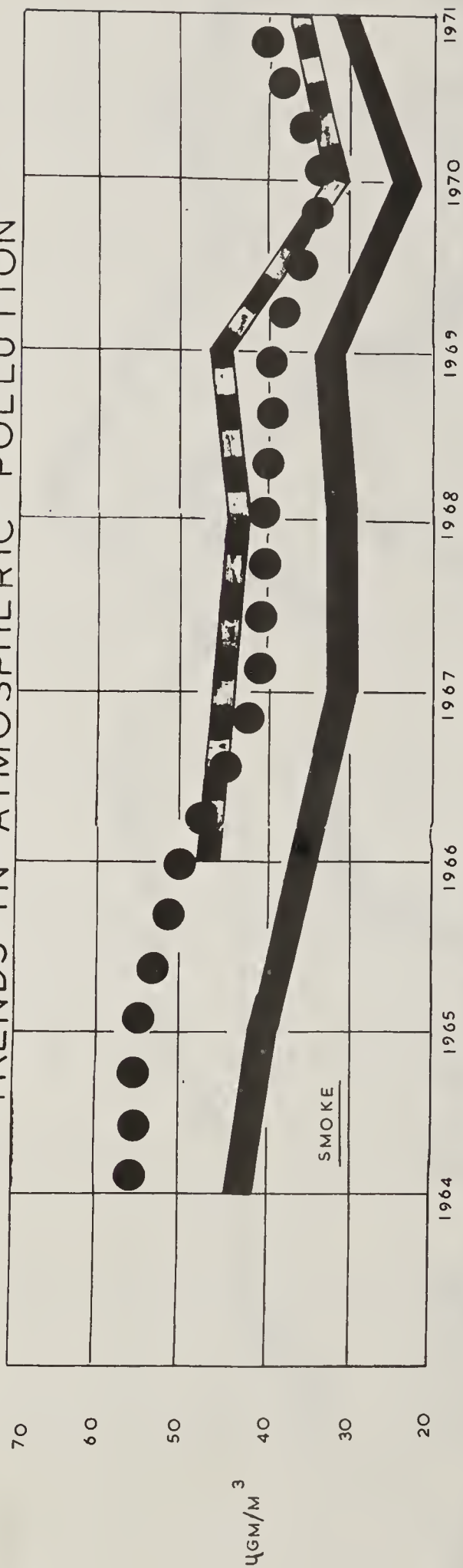
Analysis of reported accidents

	Offices	Retail shops	Wholesale warehouses	Catering establish- ments open to public, canteens	Fuel storage depots
Machinery	—	—	—	—	—
Transport	—	2	—	—	—
Falls of persons	4	3	1	—	—
Stepping on or striking against object or person	1	—	—	—	—
Handling goods	—	5	—	1	—
Struck by falling object	1	—	—	—	—
Fires and explosions	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	1	—	—	—
Not otherwise specified	3	1	—	—	—





TRENDS IN ATMOSPHERIC POLLUTION



APPENDIX E

SWIMMING BATH WATER SAMPLES

Baths	Number of samples	Satisfactory	Unsatisfactory
Baths used by public	10	8	2
Private baths	92	80	12
TOTALS	102	88	14

APPENDIX F

RODENT CONTROL

	Type of Property	
	Non-Agricultural	Agricultural
1 (a) Total number of properties (including nearby premises) inspected following notification.	2042	21
(b) Number infested by		
(i) Rats	681	21
(ii) Mice	187	—
2 (a) Total number of properties inspected for rats and/or mice for reasons other than notification	190	—
(b) Number infested by		
(i) Rats	49	—
(ii) Mice	—	—
<p>During the year test baits were laid at 600 sewer manholes. No "takes" were recorded.</p>		

APPENDIX G

FACTORY INSPECTION

The number of factories registered is 513.
 The number of inspections made during the year was 1051
 Particulars of the inspections of factories are set out in the following table:

THE FACTORIES ACT, 1937-61

Part 1 of the Act

1. Inspections for purposes of provision as to health
 (including inspections made by Public Health Inspectors).

Premises	No. on Register	Inspections	Number of:	
			Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1,2,3,4 and 6 are enforced by Local Authorities	12	19	—	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	497	1023	9	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	4	9	—	—
TOTAL	513	1051	9	—

* Factories in which no mechanical power is used.

† Factories in which mechanical power is used.

2. Cases in which defects were found. (Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases").

Particulars	No. of cases in which defects were found				No. of cases in which pro- secutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	9	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	2	—	—	—	—
Inadequate ventilation (S.4)	10	—	—	—	—
Ineffective drainage of floors (S.6)	1	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient	—	1	—	1	—
(b) Unsuitable or defective	10	4	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	7	4	—	—	—
TOTAL	39	11	—	1	—

APPENDIX H

OUT-WORKERS

Factories Act, 1961

(Sections 133 and 134)

	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1)(c)	No. of cases of default in sending list to the Council	No. of Prosecutions for failure to supply lists	No. of instances of work in unwhole some premises	Notice served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel Making etc.	51	—	—	—	—	—

APPENDIX I

Housing Inspection

1. Inspection

a.	Number of houses inspected under Housing Consolidated Regulations, 1925	...	...	...	...	...	...	...	...	...	1369
b.	Number of houses found with defects	...	...	...	...	...	...	...	...	...	80
c.	Number of houses considered to be unfit for human habitation	...	...	...	...	...	...	...	...	...	—

2. Informal Action

d.	Number of houses where defects remedied by informal action	...	...	...	...	...	...	...	...	...	58
e.	Number of houses voluntarily closed	...	...	...	...	...	...	...	...	...	—
f.	Number of houses voluntarily demolished	...	...	...	...	...	...	...	...	...	1

3. Formal Action

(i) Repairs

g.	Number of Statutory Notices served	...	...	...	...	...	...	...	...	...	46
h.	Number of Statutory Notices complied	...	...	...	...	...	...	...	...	...	30

(ii) Closing Orders

j.	Number of Closing Orders made	...	...	...	...	...	...	...	...	...	—
k.	Number of Closing Orders rescinded	...	...	...	...	...	...	...	...	...	—

(iii) Demolition Orders

l.	Number of Demolition Orders made	...	...	...	...	...	...	...	...	...	—
m.	Number of Demolition Orders rescinded	...	...	...	...	...	...	...	...	...	—

APPENDIX J

HOUSING ACT 1969

QUALIFICATION CERTIFICATES

IMPROVEMENT CASES

No. of applications under consideration for qualification certificates under section 44 (2)	...	...	...	...	...	...	...	197
No. of certificates of provisional approval issued	...	...	...	...	...	...	...	100
No. of qualification certificates issued under section 46 (3)	...	...	...	...	...	...	...	18

STANDARD AMENITIES ALREADY PROVIDED

No. of applications for qualification certificates under section 44 (1) under consideration at end of period	...	...	...	...	...	...	...	552
No. of qualification certificates issued under section 45 (2)	...	...	...	...	...	...	...	220

EXEMPTION FOR LOW-INCOME TENANTS FROM SECTION 54

No. of certificates issued under section 55	—
---	-----	-----	-----	-----	-----	-----	-----	---

APPENDIX K

RENT ACT 1957

No action was taken under this Act during the year.

APPENDIX L

INSPECTION AND SUPERVISION OF FOOD

Food Premises – Classification

The number of food premises in the area, by type of business, is as follows:—

Slaughterhouses	...	...	...	...	...	...	...	...	...	...	...	1
Dairies/Milk Shops	...	...	...	...	...	...	...	...	...	...	...	9
Food Factories	...	...	...	...	...	...	...	...	...	...	...	10
Catering Premises	...	...	...	...	...	...	...	...	...	...	...	231
Bakehouses	...	...	...	...	...	...	...	...	...	...	...	14
Butchers	...	...	...	...	...	...	...	...	...	...	...	51
Fishmongers and friers	...	...	...	...	...	...	...	...	...	...	...	34
Grocers	...	...	...	...	...	...	...	...	...	...	...	179
Greengrocers	...	...	...	...	...	...	...	...	...	...	...	51
Licensed premises	...	...	...	...	...	...	...	...	...	...	...	95
Other food premises	...	...	...	...	...	...	...	...	...	...	...	167
Vans, stalls	...	...	...	...	...	...	...	...	...	...	...	28
TOTAL	...	...	...	...	...	...	...	...	...	...	...	870

Food – Visits

Meat Inspection (Slaughterhouses)	...	...	...	...	...	...	...	...	...	...	...	234
Sampling	...	...	...	...	...	...	...	...	...	...	...	1168
Bakehouses	...	...	...	...	...	...	...	...	...	...	...	53
Butchers	...	...	...	...	...	...	...	...	...	...	...	232
Catering premises	...	...	...	...	...	...	...	...	...	...	...	1051
Dairies and milk shops	...	...	...	...	...	...	...	...	...	...	...	394
Fish and fried fish shops	...	...	...	...	...	...	...	...	...	...	...	137
Food factories	...	...	...	...	...	...	...	...	...	...	...	87
Greengrocers	...	...	...	...	...	...	...	...	...	...	...	275
Grocers	...	...	...	...	...	...	...	...	...	...	...	544
Vans, stalls	...	...	...	...	...	...	...	...	...	...	...	123
Slaughterhouses	...	...	...	...	...	...	...	...	...	...	...	71
Licensed premises	...	...	...	...	...	...	...	...	...	...	...	362
Ice Cream premises	...	...	...	...	...	...	...	...	...	...	...	715
Other food premises	...	...	...	...	...	...	...	...	...	...	...	435
Other food inspection	...	...	...	...	...	...	...	...	...	...	...	727
TOTAL	...	...	...	...	...	...	...	...	...	...	...	6608

APPENDIX L (continued)

Food Hygiene (General) Regulations, 1970

Improvement of Food Premises in 1971

1.	No. of premises dealt with:									
	Alterations									
	No. reconstructed	...	...	...	...	...	...	...	...	—
	No. where major improvements carried out	...	...	...	...	...	...	...	...	4
	No. where minor improvements carried out	...	...	...	...	...	...	...	...	1
										<u>5</u>
2.	Summary of improvements secured:									
	Premises cleansed or redecorated	...	...	...	...	...	...	...	...	15
	Washing facilities provided or improved	...	...	...	...	...	...	...	...	5
	Cleansing facilities provided or improved	...	...	...	...	...	...	...	...	—
	Refrigerated storage provided	...	...	...	...	...	...	...	...	—
	Other food storage accommodation provided	...	...	...	...	...	...	...	...	—
	Facilities for protection of food provided	...	...	...	...	...	...	...	...	—
	Sanitary accommodation provided or improved	...	...	...	...	...	...	...	...	2
	Other improvements secured	...	...	...	...	...	...	...	...	1
										<u>23</u>
3.	No. of unsatisfactory premises voluntarily closed	...	...	...	...	...	...	...	...	—

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966

Legal Proceedings

1.	PART II — General Requirements	...	...	...	...	...	...	...	...	—
2.	PART III — Handling of Food	...	...	...	...	...	...	...	...	—
3.	PART IV — Stalls and vehicles	...	...	...	...	...	...	...	...	13
										<u>13</u>

Food Hygiene (General) Regulations, 1970

Legal Proceedings

1.	PART II — General Requirements	...	...	...	...	...	...	...	...	1
2.	PART III — Handling of Food	...	...	...	...	...	...	...	...	1
3.	PART IV — Food Premises	...	...	...	...	...	...	...	...	5
										<u>7</u>

APPENDIX M

MEAT INSPECTION AND CONDEMNATION

Carcases Inspected at Slaughterhouse

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Number killed	—	—	—	—	32,208	32,208
Number inspected	—	—	—	—	32,208	32,208
All diseases except tuberculosis — whole carcases condemned	—	—	—	—	86	86
Carcases of which some part or organ was condemned	—	—	—	—	5,462	5,462
Percentage of the number inspected affected with disease other than tuberculosis	—	—	—	—	17.5	17.5
Tuberculosis only — whole carcasses condemned	—	—	—	—	2	2
Carcases of which some part or organ was condemned	—	—	—	—	474	474
Percentage of the number inspected affected with tuberculosis	—	—	—	—	1.5	1.5

Meat Condemned

Meat	Tuberculosis	Other Diseases	Unsound	Total Weight
Beef	—	—	—	—
Veal	—	—	—	—
Mutton	—	—	—	—
Pork	5,958	21,321	—	27,279
Offal	1,875	26,582	—	28,457
TOTAL	7,833	47,903	—	55,736

The total weight of meat and edible offal
condemned in 1971 was 24 tons 17 cwts 2 qrs 16 lbs.

APPENDIX N

Other Food Condemned

Tinned foods	...	...	...	...	...	...	...	...	...	...	...	...	7369 lbs
Bacon, poultry, rabbits, meat products	...	...	...	...	...	...	...	...	...	...	...	...	1839 lbs
Fish	...	...	...	...	...	...	...	...	...	...	...	...	219 lbs
Fats (butter, margarine, cheese, etc.)	...	...	...	...	...	...	...	...	...	...	...	...	53 lbs
Fruit and vegetables	...	...	...	...	...	...	...	...	...	...	...	...	20 lbs
Dried fruits	...	...	...	...	...	...	...	...	...	...	...	...	—
Cereals, flour and flour products	...	...	...	...	...	...	...	...	...	...	...	...	8 lbs
Eggs	...	...	...	...	...	...	...	...	...	...	...	...	—
Other foods	...	...	...	...	...	...	...	...	...	...	...	...	<u>2023 lbs</u>
TOTAL	...	...	...	...	...	...	...	...	...	...	...	...	11,531 lbs

Weight of Food Condemned

Meat (Table M)	55,736 lbs	24 tons	17 cwt.	2 qrs.	16 lbs
Other Food (Table N)	11,531 lbs	5 tons	2 cwt.	3 qrs.	23 lbs
		<u>30 tons</u>	<u>0 cwt.</u>	<u>2 qrs.</u>	<u>11 lbs</u>

APPENDIX O

MILK SUPPLY

Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:

Wholesale Distributors	—
Wholesale and Retail Distributors	—
Retail Distributors	9
Sellers of pre-packed milk only	247

The Milk (Special Designation) Regulations, 1963:

The following licences were granted for a period ending 31st December, 1975:

Dealers' (Pre-packed Milk) Licences authorising the use of special designations —

Pasteurised	247
Sterilised	70
Ultra Heat Treated	28

Samples of milk taken for bacteriological examination

Grade of Milk	No. of Samples	Results of Tests					
		Phosphatase		Methylene Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	365	365	—	358	7	—	—
Sterilised	—	—	—	—	—	—	—
TOTAL	365	365	—	358	7	—	—

APPENDIX P 1

ICE CREAM

Bacteriological Examinations

Type	No. taken	Grade I*	Grade II*	Grade III	Grade IV	Grade IV Percentage (unsatisfactory)
From Retailers – Bulk Ice-Cream	27	23	3	–	1	3.7
From Retailers – Pre-packed Ice-Cream	8	8	–	–	–	–
From Retailers – Soft Ice-Cream	11	8	2	–	–	9.1
TOTAL	46	39	5	–	2	4.3

* Considered to be satisfactory

APPENDIX P 2

OTHER FOODS

Food	No. of Samples	No. Unsatisfactory
Sausage	20	–
Meat Pies, Gelatine etc.	139	5
Other meat products	21	2
Sliced Meats	17	–
Flour Confectionery	–	–
Fresh Cream	–	–
Synthetic Cream	–	–

APPENDIX Q

FOOD AND DRUGS SAMPLING

(i)

FOODS

DRUGS

Number of Samples		Unsatisfactory Reports		Legal Proceedings Instituted	Total Number of convictions secured
Formal	Informal	Analysis	Labelling		
96	269	9	3	1	1
2	18	3	—	—	—

(ii)

Commodity	No. of Samples taken	Number Unsatisfactory	
		Analysis	Labelling
MILK	93	—	—
CREAM	3	—	—
SOFT DRINKS	12	—	—
WINE	9	1	—
ICE-CREAM	3	1	—
SAUSAGES	6	1	—
MEAT PRODUCTS	20	—	—
TINNED MEAT PRODUCTS	7	—	—

(iii) Number of samples taken for pesticide residues 21

PORT HEALTH SERVICE

Introduction

Committee

Port of Poole

- I. Staff
- II. Amount of Shipping Entering the Port During the Year
- III. Character of Shipping and Trade During the Year
- IV. Inland Barge Traffic
- V. Water Supply
- VI. Public Health (Ships) Regulations, 1952-1961
- VII. Smallpox
- VIII. Venereal Disease
- IX. Cases of Notifiable and Other Infectious Diseases on Ships
- X. Observations on the Occurrence of Malaria in Ships
- XI. Measures taken against ships infected with or suspected for Plague
- XII. Measures against Rodents in Ships from Foreign Ports
- XIII. Inspection of Ships for Nuisance
- XIV. Public Health (Shellfish) Regulations, 1934 and 1948
- XV. Medical Inspection of Aliens
- XVI. Miscellaneous

PORT HEALTH SERVICE

INTRODUCTION

The report is submitted in accordance with Article 12 (4) of the Public Health Officers (Port Health Districts) Regulations, 1959. As a result of the Public Health (Ships) Regulations, 1952, the Minister of Health reviewed the form and scope of the Annual Reports of Medical Officers of Health and in Port Form 20 enclosed with Circular 35/52 dated 6th November, 1952, he prescribed the form and sequence which the reports should follow.

One requirement of the Minister is that the information required by Sections I, V, VI, VIII, XIV, XV and XVI (all marked with asterisk) need only be given in full every fifth year and for the intermediate years only the changes which have occurred during the year covered by the report need be included. The full information required in these sections is therefore set out in this Annual Report for 1971.

In presenting this report I have pleasure in taking the opportunity of expressing my thanks to the Harbour Master, Captain W. C. Allison, and the Officers of H.M. Customs for their ready co-operation and help during the year, and to the Port Health Inspector, Mr. C. B. T. Glover and his deputies, Mr. A. H. Kirkman and Mr. F. K. W. Francis, for their willing assistance and interest in the work.

HEALTH COMMITTEE, 1971/72
(acting as Port Health Authority)

Chairman:

Alderman Mrs. D. I. MONTAGUE

Vice-Chairman:

J. N. SORTON

Aldermen:

H. C. R. BALLAM

Miss J. M. BISGOOD, J.P.

Mrs. E. M. HICKINSON, J.P.

A. LLOYD-ALLEN, J.P.

Councillors:

Mrs. E. M. ADAMS

J. L. BROWN

G. W. HOBBS

A. R. LOCK

S. G. PEARCE

L. T. WHITE

S. C. WHITE

Co-opted Members:

Mrs. D. O. AUBIN

Dr. D. CAMPBELL

Mrs. J. A. GREBBY, M.B.E.

Mrs. A. REED

Ex-Officio Member:

R. FARE (D.C.C. Health Committee Chairman)

OFFICERS OF THIS AUTHORITY

Clerk to the Port Health Authority:

J. G. HILLIER, Town Clerk

Medical Officer of Health:

JAMES HUTTON, M.D., D.P.H.

Deputy Medical Officer of Health:

A. McCUTCHION, M.B., Ch.B., D.P.H.

Chief Port Health Inspector:

C. B. T. GLOVER, M.A.P.H.I.

Deputy Port Health Inspectors:

ALAN H. KIRKMAN, M.A.P.H.I.

F. K. W. FRANCIS, M.A.P.H.I.

Senior Clerk:

A. R. C. PARSONS

THE PORT OF POOLE

Constitution of the Port Health Authority

By an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909, a Port Sanitary Authority was constituted to exercise the powers and functions assigned by the Order.

The style "Port Sanitary Authority" was changed to "Port Health Authority" in 1936.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Limits of Jurisdiction

The present limits of jurisdiction were fixed in 1909 as follows:—

"The jurisdiction of the said Port Sanitary Authority shall extend to all that part of the said Port of Poole aforesaid which lies to landward of a line drawn from the seaward extremity of the eastern boundary of the Borough of Poole to the seaward extremity of the headland known as Standfast Point; together with the waters of the said part of the Port and all docks, basins, harbours, creeks, rivers, channels, roads, bays and streams within that part of the said port, and the place or places which may from time to time be appointed as the Customs Boarding Station or Stations for that part of the said Port, and the place or places for the time being appointed for the mooring or anchoring of ships for the said part of the said Port under any regulations for the prevention of the spread of disease issued under the authority of the Statutes in that behalf and for the purposes of any such Regulations as aforesaid, shall also extend to any ship which in pursuance thereof, or of any directions given thereunder shall be moored or anchored at the place appointed thereunder as aforesaid, or which shall be on its way thither".

Port Facilities

Poole is chiefly a cargo port and its trade is mainly carried on with other British ports and those on the coasts of France, Belgium, Holland and Germany and there is also a regular trade with the Baltic ports.

During the summer season the port is the base for day pleasure boats operating between local seaside resorts and this is the only passenger traffic.

Inshore fishing is still carried on and the report on the shellfish industry is dealt with in Section XIV.

The public quay accommodation consists of 3,270 feet frontage i.e.

Hamworthy Quay	270 feet at 15 feet Admiralty Chart Datum	—	for tankers
	500 feet at 15 feet Admiralty Chart Datum	)	for
Town Quay	1,000 feet at 16 feet Admiralty Chart Datum	)	general
	1,000 feet at 15 feet to 10 feet do	)	cargo
	500 feet shallow berthing (for yachts)		

The general cargo quay at Hamworthy is served by rail.

Unloading equipment at the port consists of seven travelling cranes, three mobile cranes and one coal transporter. There are nine ship and boat yards for the building and repairing of ships.

There is in the harbour an extensive safe anchorage. The depth of the water at the Harbour Bar is 13 feet — Admiralty Chart Datum and the range varies from about 7 feet at springs to a few inches at neaps. Both the flood and ebb tides run at about three-quarters of a knot at the Bar. At the Haven entrance the maximum is 4½ knots with about 3½ knots for Brownsea Roads while in the rest of the harbour 2 knots is seldom exceeded.

SECTION I – STAFF

TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications and Other Appointments Held
John Gilbert Hillier	Clerk to Port Health Authority	4. 9.56	Solicitor, Town Clerk, Borough of Poole
James Hutton	Medical Officer of Health	1. 2.52	M.D., D.P.H., Medical Officer of Health, Borough of Poole, Poole Area Medical Officer of Health, Dorset C.C.
Archibald McCutcheon	Deputy Medical Officer of Health	23. 3.62	M.B., Ch.B., D.P.H., Deputy Medical Officer of Health, Borough of Poole
Cedric B. T. Glover	Port Health Inspector and Authorised Officer	1. 4.63	Certificate as Public Health Inspector and Meat and Other Food Inspector, Chief Public Health Inspector, Borough of Poole
Alan H. Kirkman	Deputy Port Health Inspector and Authorised Officer	9. 5.63	Certificate as Public Health Inspector, Meat and Other Food Inspector and Smoke Inspector, Deputy Chief Public Health Inspector, Borough of Poole
Frederick K. W. Francis	Deputy Port Health Inspector and Authorised Officer	18. 6.63	Certificate as Public Health Inspector, Meat and Other Food Inspector and Smoke Inspector, Senior Public Health Inspector, Borough of Poole
A. R. C. Parsons	Senior Clerk	1.11.61	Senior Clerk, Public Health Department, Borough of Poole

Address and telephone number of Medical Officer of Health:

Office: Public Health Department,
Central Clinic,
Civic Centre,
Park Road, Poole.
Tel: POOLE 5151

Home: 23 Pearce Avenue,
Parkstone, Poole.
Tel: PARKSTONE 4140

The telegraphic address of the Port Health Authority is registered as "Portelth Poole".

TABLE B

Ships from	Number	Tonnage	Number Inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign Ports	*316	471,501	—	209	NIL
Coastwise	1,086		—	74	NIL
TOTAL	1,402	471,501	—	283	NIL

*Does not include yachts

SECTION III – Character of shipping and trade during the year

TABLE C

PASSENGER TRAFFIC	(Number of passengers INWARDS 2,579 ((Number of passengers OUTWARDS 2,227
CARGO TRAFFIC	(Principal IMPORTS Oil, Coal, Coke, Stone, Timber, (Fertilizers, Grain, Fish Meal, Wood Pulp, Styrene. (Principal Exports Barley, Scrap Metal, Clay and Caravans
PRINCIPAL PORTS from which ships arrive	Apapa, Amsterdam, Rotterdam, Ymuiden, Antwerp, Hamburg, Le Havre, Hamina, Jersey, Kaliningrad, Gdansk, Kotka, and other Baltic timber ports

SECTION IV – Inland barge traffic

There is no inland barge traffic in the port.

SECTION *V – Water Supply

(1) Source of supply for the district and shipping

The water supply for the port and shipping is that from the town mains provided by the Dorset Water Board from hydrants on the quay. It is chlorinated water of high bacterial purity.

(2) Reports of tests for contamination

The general supply was sampled every two or three days through the year and every sample was reported as Class I “highly satisfactory”. During the year 54 samples of water were taken direct from the quay hydrants used for shipping. 51 samples were reported as Class I; 3 were unsatisfactory but when repeated were found to be satisfactory (these unsatisfactory results were probably due to contamination of the water boxes by surface road water or harbour water – see 3).

25 samples of water were taken for bacteriological examination from ships and 23 samples were reported as Class I. 1 in class 3 (the tanks of this ship were sterilized and the repeat sample was Class I) and 1 in Class 4 was unsatisfactory; this result was notified to the home port Port Health Authorities for investigation.

	No. of ships involved	No. of samples taken	No. satisfactory	No. unsatisfactory	TOTAL
Distribution aboard ships	25	25	24	1	25
Storage aboard ships	—	—	—	—	—

(3) Precautions taken against contamination of hydrants and hosepipes

All hydrants on the quay — except three — are fixed in boxes at ground level and it is impossible to keep the boxes free from contamination by road surface water and harbour water. Instructions have therefore been given that all of these hydrants must be cleansed, disinfected and flushed before use.

Of the three hydrants which are above ground, two are enclosed in brick pillars with lockable metal doors, while the third is in a covered brick and glazed box for the use by yachtsmen. All the water samples from these points have been reported as Class I.

(4) Number and sanitary condition of water boats and power of control of the Authority

In 1971 no water boats operated within the harbour.

SECTION *VI — Public Health (Ships) Regulations 1970

(1) List of Infected Areas (Regulation 6)

The list of infected areas is revised weekly on receipt of the Weekly Epidemiological Record issued by the World Health Organisation and the revised list is immediately sent to the Port Health Inspector, H. M. Customs Officers, the Senior Pilot and the Harbour Master.

(2) Radio Messages

(a) Arrangements for sending permission by radio for ships to enter the district (Regulation 13)

Poole is not a radio transmitting port but if necessary, messages can be transmitted through Niton Radio, Isle of Wight.

(b) Arrangements for receiving messages by radio by ships and acting thereon (Regulation 14 (1) (a) and (2))

Messages are relayed from ships at sea direct to the Medical Officer of Health by telephone.

(3) Notification otherwise than by radio (Regulation 14 (1) (b))

Duty pilots pass on to the Medical Officer of Health signals for the Port Health Authority received from ships approaching the harbour.

Where advance notice is received by H. M. Customs Officer or the Harbour Master of the arrival of a ship from an infected area, this information is sent immediately to the Medical Officer of Health who will arrange for an officer to inspect the ship.

Vessels are boarded upon arrival by the Port Health Inspector who provides and collects the Maritime Declarations of Health and arrangements have been made for this officer to contact the Medical Officer of Health immediately by telephone in the case of an inward vessel requiring special immediate attention.

Advance messages are occasionally received from shipping agents in the Port. The telegraphic address of the Medical Officer of Health is "Portelth Poole". At the Port Health Office, Public Health Department, Central Clinic, Civic Centre, Park Road, Poole, messages can be received and the necessary action taken thereon at any time during the day. After office hours the messages are received by the Port Health Inspector and his deputy at their home telephones.

The Port Health Inspectors work in very close liaison with the Officers of H. M. Customs, the Harbour Master, the pilots and the shipping agents.

(4) Mooring Stations (Regulations 22 and 30)

A mooring station has been established at a point in the main channel halfway between Parkstone Shoal Light Buoy and Stakes Buoy, just clear of shipping. If so directed by the Port Medical Officer, the southern end of the New Quay, Hamworthy, can be used.

(5) Arrangements for dealing with Infectious Disease

(a) *Hospital accommodation for persons suffering from Infectious Diseases (other than smallpox)*

This is available at the Infectious Disease Unit, Poole General Hospital. A full-time ambulance service of the Local Health Authority is available at all times at the Poole Ambulance Depot.

(b) *Surveillance and follow-up of contacts*

Arrangements have been made for surveillance and follow-up of contacts to be carried out in accordance with Sections 36 to 38 of the Public Health (Ships) Regulations 1970. Infectious disease contacts proceeding home are provided with notification post-cards for use if required and immediate notification sent to the Medical Officer of Health for the district to which they are proceeding.

(c) A steam disinfecting station is now available at Stokewood Road, Bournemouth, under the control of Bournemouth County Borough and arrangements have been made for joint use.

Other disinfection can be carried out at the Public Health Department, Central Clinic, Civic Centre, Park Road, Poole, where a Cleansing Station is also available.

The Corporation has a sufficient and qualified staff for the disinfection of ships.

SECTION VII – Smallpox

(1) Name of Isolation Hospital to which smallpox cases are sent from the District.

Weyhill Hospital, Andover, Hants.

(2) Arrangements for transport of such cases to that hospital.

Transport of smallpox cases would be carried out by the Ambulance Service of the Dorset County Council operating from the Poole Ambulance Depot.

(3) Name of smallpox consultant available.

Dr. C. F. Willson
County Hall,
Dorchester, Dorset.

Telephone: Officer – Dorchester 3131 Home – Weymouth 2249

(4) Facilities for Laboratory diagnosis of smallpox

Suspected material is sent to:

The Director,
Virus Reference Laboratory,
Central Public Health Laboratory,
Colindale Avenue,
London, NW9 5HT

Tel: 01 205 7041

SECTION *VIII – Venereal Disease

The V. D. Department to serve the area is open at the Royal Victoria Hospital, Gloucester Road, Boscombe. Clinics for both male and female patients are held on Mondays, Tuesdays, Wednesdays and Fridays in each week from 2 pm – 7 pm.

During inspections of ships, enquiries are made as to the presence of venereal disease among seamen and information as to the facilities available for treatment is given to the persons concerned. Printed notices are available for this purpose and display notices are exhibited in the vicinity of the port.

SECTION IX – Cases of Notifiable and other Infectious Diseases on Ships

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	NIL	NIL	NIL	NIL
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	NIL	NIL	NIL	NIL
Cases landed from other ships	NIL	NIL	NIL	NIL

SECTION X – Observations on the occurrence of Malaria in Ships

None.

SECTION XI – Measures taken against ships infected with or suspected for Plague

None necessary.

SECTION XII – Measures against rodents in ships from foreign ports

Poole is a “Designated Approved Port” for the issue of deratting Certificates and Deratting Exemption Certificates in accordance with Article 17 of the International Sanitary Regulations 1951, and Articles 19, 20 and 21 of the Port Health (Ships) Regulations 1970 are enforced in the Port. Both the Port Health Inspector and the Deputy Port Health Inspectors have been trained in deratisation procedure.

(1) During routine inspections of ships by the Port Health Inspectors masters and crew are questioned as to the presence of rats. The ship in general and the crew’s quarters in particular are examined for evidence of infestation. Where evidence is found or suspected a detailed search of the ship including the holds is made by the Port Health Inspector who endeavours to secure one or more rats for bacteriological and pathological examination

Whenever a Deratting Certificate or Deratting Exemption Certificate is found to be out of date or a certificate is needed, a detailed inspection and search of the ship is made by the Port Health Inspector before a certificate is issued or renewed. A similar procedure is adopted before the issue or renewal of Rodent Control Certificates for coastal ships.

(2) Bacteriological and pathological examinations of rodents are carried out by the Public Health Laboratory, Poole. No rats were obtained from ships during the year.

- (3) Small infestations of rats on ships are dealt with directly by the Rodent Control Staff, using standard trapping and baiting methods. Major infestations requiring large scale fumigations are carried out by any one of the commercial contractors on the Authority's list, the arrangements being made direct by the owners or agents.
- (4) The Port Health Inspectors work in very close liaison with the ship designers and ship builders in the area to secure proper ratproofing in the ships built in the Port. Very few opportunities arise for the improvement of structures of other ships owing to their very short stay in the Port.

TABLE E

Rodents destroyed during the year in ships from foreign ports

Category	Number
Brown rats	NIL
Black rats	NIL
Species not known	NIL
Sent for examination	NIL
Infected with plague	NIL

The Local Authority and private contractors continued their regular survey and treatment of rats in and around the warehouses and other buildings on the quays.

TABLE F

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from Foreign Ports

Number of Deratting Certificates Issued				Number of Deratting Exemption Certificates Issued	Total Certificates Issued
After fumigation with		After Trapping	After Poisoning		
H.C.N.	Other fumigant (State Method)				
1	2	3	4	5	7
NIL	NIL	NIL	NIL	21	21

Rodent Control Certificates
No Rodent Control Certificates were issued during the year.

SECTION XIII — Inspection of Ships for Nuisance

TABLE G

Inspection and Notices

Nature and number of Inspections	Notices Served		Result of serving notices
	Statutory Notices	Other Notices	
Routine Inspections	283	5	5 complied
Re-inspections	30	—	—
Re water supplies	79	—	—
Infectious Disease	—	—	—
Searches by Rodent Officer	21	—	—
TOTAL	413	5	5

SECTION XIV – Public Health (Shell Fish) Regulations 1934 and 1948

The oyster industry continued to be carried on during the year and samples were taken from every batch of oysters before despatch. It should be noted in Table H that four samples of treated oysters were in Class 2 and 3 and this was the result of insufficient cleansing time; none of these treated were sold until they had received further treatment and, when sampled were in Class 1. In Table I the sample of water which was Class 4 was from an outdoor experimental tank and the repeat sample was satisfactory.

While mature oysters are still being treated and sold by the Poole Oyster Company, their main business was the growing and selling of "seed oysters" and some millions of these were sold during the year. The major portion of this business was carried on with France; the "seed oysters" being specially packed and sent by air.

Some sales were also made in the United Kingdom and Northern Ireland and it is hoped that the sales to the former can be greatly increased in the future. The Company have now moved to a new site which will enable them to increase their output.

TABLE H

Results of bacteriological examination of shellfish obtained from Poole Harbour in 1971

Shellfish	Number of Samples	Class I Satisfactory		Class II Suspicious	Class III Unsatisfactory	Maximum number of faecal coli per 1 ml. of shellfish in any sample
		0 faecal coli per 1 ml. of shellfish	1-5 faecal coli per 1 ml. of shellfish			
Cockles untreated	1				1	22
Cockles treated	2	2				
Mussels untreated	2			1	1	16
Clams untreated	3	1	2			10
Oysters untreated	2		1	1		6
Oysters treated	26	15	7	2	2	100
TOTAL	36	18	10	4	4	

TABLE I

Results of Bacteriological Examination of Shellfish Cleansing Tank water 1971

Number of Samples	Class I	Class II	Class III	Class IV
30	29	—	—	1

SECTION *XV – Medical Inspection of Aliens

Not applicable.

SECTION *XVI – Miscellaneous

Arrangements for the burial on shore of persons who have died on board ship from infectious disease

The mortuary at the Poole General Hospital is available and no difficulty would arise in arranging cremation or burial in one of the local authority cemeteries.

Pollution of the Harbour

Sewage

The waters of Poole Harbour are subject to some pollution, both from the sea-water in Poole Bay and the effluent discharges within the Harbour, although all of these effluents are from sewage treatment plants, and only one is within the Borough boundary.

The quality of the water in Poole Bay must be improving as Poole is rapidly reducing its discharges of sewage through its outfalls. The adjoining County Borough of Bournemouth is also carrying out similar work. At present, only about 20% of Poole's sewage is discharged by outfalls and by 1973 it is hoped that all such discharges within the Borough will have been eliminated.

These sewerage diversions will naturally increase the quantity of effluent from the plant discharging into the harbour and add to its bacterial content.

For this reason it is proposed to make an Order under the Public Health (Shellfish) Regulations 1934 and 1948 to apply to all shellfish in the harbour and it is hoped that this will be in force in 1972.

Chemical Poisons

In the early Summer of 1971 there was a sudden mortality of shellfish and ragworm along a 200 yard stretch of the shore at Baiter peninsular, within the harbour. This peninsular was immediately sealed off to the public and notices were exhibited giving warning of the situation. The assistance of the police was obtained and warnings were given from loud-speaker cars and by radio and television programmes. The specimens of the dead fish were found to contain cyanide.

The source of the cyanide was not discovered in spite of a detailed survey of the foreshore, the whole area and the under-water foreshore. As the event occurred during a dry spell it was felt that the surface water sewers could virtually be excluded as the probable source of contamination. The peninsular was re-opened to the public in July.

From the investigations it was found that cyanide would appear to be a normal constituent of certain shellfish and this was confirmed by finding this material in all samples of shellfish taken from other parts of the South and East coasts. Because of these national implications the matter was referred to the Shellfish Research Establishment of the Ministry of Agriculture, Fisheries and Food.

Marinas and House-boats

The harbour at present has no accepted marinas although one is in the process of construction. There is one group of boats and services for which proposals have been made to extend it in the form of a marina and there is the possibility of two others being constructed. There is also a fairly compact grouping of vessels which occurs during the Summer at the quayside.

The Department studied the problems of marinas and came to the conclusion that the growth of yachting was inevitable and that marinas probably gave the greatest control over potential pollution from sewage liable from these boats. It was eventually decided to produce minimum standards which could be applied to marinas, and as the control under public health law appeared to be insufficient, they were adopted by the Council and are to be attached as Planning Conditions when application is made.

These standards are:—

Sanitary Fittings		
Males		Females
*1-16	Water Closets	1-16
1-32	Wash-basins	1-21
1-63	Showers	1-63
1-125	Deep Sinks	1-63

*Every second fitting to be a urinal instead of a W.C.

General	
Sanitary Blocks	To be not more than 450 feet from boats
Water Supply From Mains	To be not more than 200 feet from a boat
Refuse Containers	To be provided at the end of each jetty
Waste Water Gulleys	One at each sanitary block
Elsan-Type Disposal Points	At least one at each marina
Life-Saving Equipment	Lifebelt with 30 feet line attached, together with a boathook every 50 yards
Fire-Fighting Precautions	As laid down by the Fire Officer and the Petroleum Officer
Artificial Lighting	To all jetties
Telephone	To be always available

Method of arriving at the occupancy of Boats			
Size of Boat .	Assumed	Assumed to be	
	Total occupants	Male	Females
under 20 feet in length	3	2	1
over 20 to 30 feet in length	4	2	2
over 30 to 40 feet " "	5	3	2
over 40 feet in length	6	3	3

Also estimated that not more than two-thirds of the boats will be occupied at one time, and that standards be based on this assumption.

There are only 25 traditional houseboats in the harbour and these are only for Summer use. Some boats, however, are used for continuous habitation and a few of these give rise for concern to the department.

By-laws were therefore drawn up under the power obtained under Section 32 of the Poole Corporation Act 1961. Great difficulty was experienced in framing the By-laws particularly with regard to the definition of "house-boat" and eventually a compromise had to be accepted. Obviously the By-laws could not be expected to apply to commercial vessels, so ships registered under the Merchant Shipping Act 1894 were excluded. The Fire and Harbour Authorities were consulted and the Minister finally approved the By-laws as shown overleaf:—

BYE LAWS AS TO HOUSEBOATS

WITHIN THE PORT HEALTH DISTRICT OF POOLE

made by the Mayor, Aldermen and Burgesses of the Borough of Poole as port health authority under Section 32 of the Poole Corporation Act 1961.

<p>(1) In these bye-laws unless the context otherwise requires "houseboat" means any boat, barge or vessel (whether or not the same shall be floating at any state of the tide) which is used for human habitation but does not include:—</p> <p>(a) any ship registered under the Merchant Shipping Act 1894 or any boat, barge or vessel bona fide used for navigation, or</p> <p>(b) any boat, barge or vessel which is not used for human habitation for more than fifty-six consecutive days in any period of twelve months; "the occupier" in relation to a houseboat includes any person who for the time being is in charge thereof; "the owner" in relation to a houseboat means the person who permits it to be used for human habitation.</p>	Interpretation
<p>(2) The occupier of a houseboat shall</p> <p>(i) maintain the houseboat at all times in a clean condition</p> <p>(ii) provide the houseboat with suitable and sufficient covered refuse receptacles</p> <p>(iii) cause all offensive matter to be removed from the houseboat as soon as possible</p> <p>(iv) cause the bilges of the houseboat to be pumped clear as often as the occasion shall demand</p> <p>(v) not deposit or cause to be deposited any offensive matter or any litter or rubbish in any place so as to cause a nuisance or into any tidal water or into any place from which it may be carried into any tidal water.</p>	Provisions regarding cleanliness and disposal of refuse
<p>(3) The occupier of a houseboat shall not permit such a houseboat to become overcrowded to such an extent that there is not available in respect of every person residing thereon at least 18 square feet of cabin floor space including the area of the bunk or bed provided that there shall be at least 2' 6" head room over every bunk, hammock or other sleeping space.</p>	Provisions regulating accommodation
<p>(4) The occupier of a houseboat shall</p> <p>(i) provide the houseboat with sufficient means of artificial lighting in respect of all cabins, compartments and companion ways; and</p> <p>(ii) maintain in a clean condition all skylights and ports thereof</p>	Provisions regulating lighting
<p>(5) The occupier of a houseboat shall</p> <p>(i) provide the houseboat with a suitable covered container or containers for the storage of water for drinking purposes, such container or containers to be of sufficient size to provide for three gallons of water for each person for the time being inhabiting the houseboat; and</p> <p>(ii) maintain in a clean condition any such container and cause it to be stored so as to be free from contamination and in as cool a position as is practicable.</p>	Provisions regulating storage of water

Weed Growth

Another problem which was encountered was the abnormal growth of weed (Sea-lettuce) in the harbour. The particular area affected was Holes Bay, a shallow back-water of large dimensions which receives the treated effluent from the Corporation sewage disposal works.

The water, having plenty of nutrients and, owing to its shallowness, being of a relatively warm temperature, favoured the rapid growth of the weed. When the weed died, it rotted down and when exposed by the receding tide produced offensive odours over the area. A great deal of time was spent in trying to find a cure without success, but investigations are being continued by experts in this matter. In the meantime, we are hoping that a cold winter will help to retard the weed growth.

INFECTIOUS DISEASE

PREVALENCE

CONTROL

Incidence of Infection

Preventive Inoculation

PREVALENCE AND CONTROL

OF INFECTIOUS AND OTHER DISEASES

INCIDENCE OF INFECTION

The incidence of infectious disease was relatively low.

No deaths resulted from measles, whooping cough, scarlet fever, diphtheria nor recent poliomyelitis.

Food poisoning is referred to on page 35.

Number of tuberculosis cases on register at 31st December, 1971, was 640.

TABLE I

Additions to and deletions from Tuberculosis Register

	Pulmonary		Non Pulmonary		Total		Grand Total
	M	F	M	F	M	F	
Additions to Register:							
New notifications	12	5	—	2	12	7	
Transfers in	—	—	—	—	—	—	
Re-notified	—	—	—	—	—	—	
	12	5	—	2	12	7	19
Deletions from Register:							
Transfers out	—	1	—	—	—	1	1
Died	4 *	2	—	1	4	3	7
Died (other cause)	—	—	—	—	—	—	—
Cured	—	—	—	—	—	—	—
	4	3	—	1	4	4	8

*Includes 'late effects of Res. T.B.'

TABLE II

TUBERCULOSIS

Notifications and Deaths in Recent years

Year	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other forms	Pulmonary	Other forms	Pulmonary	Other forms
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	-	52	3
1940	47	13	1	-	39	11
1945	49	11	27	2	37	5
1950	68	16	39	6	27	3
1955	55	5	35	1	10	1
1960	50	9	24	1	4	-
1961	21	8	25	1	5	-
1962	21	1	21	2	7	-
1963	29	6	20	3	4	2
1964	20	3	14	2	4	-
1965	12	4	23	-	5	1
1966	21	6	9	2	3	-
1967	13	4	8	-	1	-
1968	10	3	5	-	3	-
1969	14	6	12	-	1	4
1970	17	3	4	-	3	2
1971	17	2	-	-	4	3

TABLE III

TUBERCULOSIS

Notification and deaths in 1971 by age groups

Age Period	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M	F	M	F	M	F	M	F
Under 5	—	—	—	—	—	—	—	—
5—14	2	—	—	—	—	—	—	—
15-24	—	—	—	—	—	1	—	—
25-44	2	—	—	—	—	—	—	—
45-64	4	4	—	2	1	—	—	—
Over 65	4	1	—	—	3	1	—	1
Unknown	—	—	—	—	—	—	—	—
TOTALS	12	5	—	2	4	2	—	1

TABLE IV

Yearly Summary of Notifiable Diseases — 1971 (Other than Tuberculosis)

Disease	At all ages	Under 1 year	1 year	2-4 years	5-9 years	10-14 years	15-24 years	25 and over	Age Unknown
Measles	342	20	44	96	157	7	5	3	10
Whooping Cough	21	2	2	8	7	—	1	—	1
Scarlet Fever	4	—	—	2	1	—	1	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—
Dysentery	13	—	—	1	4	2	3	3	—
Infective Jaundice	22	—	—	—	5	4	4	8	1
Acute Meningitis	6	—	—	—	1	—	1	3	1
		Under 5 years	5-14 years	15-44 years	45-64 years	65 and over	Age Unknown		
Acute Encephalitis (I)	1	—	—	—	1	—	—	—	—
Food Poisoning	2	1	—	—	—	—	1	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—
TOTAL	411								

PREVENTIVE INOCULATION

Preventive inoculation is available for:—

- Diphtheria
- Whooping Cough
- Tetanus
- Poliomyelitis
- Measles
- Tuberculosis (B.C.G.)
- German Measles

TABLE V
Smallpox Vaccination

Number of Children vaccinated against Smallpox — 1971

Age	Under 1	1	2-4	5 and over	Total
Primary	11	327	223	51	612

In addition 147 children were re-vaccinated

During the past five years the smallpox eradication programme of the World Health Organisation has made remarkable progress. The area of the world in which smallpox now exists and the populations in which transmission of smallpox is still occurring have been greatly reduced. Having studied the evidence the Smallpox Vaccination Sub-Committee of the Department of Health and Social Security concluded that (1) the chances of introduction of smallpox into Britain have substantially diminished and are likely to continue to lessen with the further progress of the eradication campaign (2) the British public are therefore far less likely to be exposed to infection with smallpox than at any previous time since the disease was first recorded in this country (3) vaccination is a safe and reliable method of protection against smallpox for the vast majority of persons but the number of serious complications in childhood, though few, is now out of proportion to the risk to them from smallpox in Britain.

In view of these facts the Sub-Committee of the Department of Health and Social Security expressed the unanimous opinion that vaccination against smallpox need not now be recommended as a routine procedure in early childhood, and this vaccination has been deleted from the routine immunisation schedule for children since the middle of 1971.

TABLE VI
Diphtheria Immunisation
Number of children who received diphtheria immunisation during 1971

	Children born in years						Total
	1971	1970	1969	1968	1964-67	Under 16 years	
Primary	41	964	324	46	51	11	1437
Re-inforcing	—	5	13	17	1138	181	1354

TABLE VII

Whooping Cough Immunisation

Number of children who received whooping cough immunisation during 1971

	Children born in years						Total
	1971	1970	1969	1968	1964-67	Under 16 yrs	
Primary	41	872	272	30	17	2	1234
Re-inforcing	—	5	13	7	198	5	228

TABLE VIII

Tetanus Immunisation

Number of children who received Tetanus Immunisation during 1971

	Children born in years						Total
	1971	1970	1969	1968	1964-67	Under 16 yrs	
Primary	41	964	328	47	51	91	1522
Re-inforcing	—	5	13	17	1141	237	1413

TABLE IX

Poliomyelitis Vaccination

Number of children vaccinated against Poliomyelitis during 1971

	Children born in years						Total
	1971	1970	1969	1968	1964-67	Under 16 yrs	
Primary	38	997	304	48	55	12	1454
Re-inforcing	—	4	11	14	1132	237	1398

TABLE X

Measles Vaccination

Number of children vaccinated against Measles during 1971

Children born in years						Total
1971	1970	1969	1968	1964-67	Under 16 yrs	
—	593	422	132	175	29	1351

TABLE XI

B.C.G. Vaccination against Tuberculosis

During 1971 B.C.G. vaccination was offered to children born during 1958 in attendance at independent and maintained schools, and to those who had been absent or missed vaccination in earlier years. Children with a Grade I positive reaction to the Heaf test are given B.C.G. vaccination in addition to the negative reactors.

Number in Group	Number Tested	Number of Positive Reactors		Percentage Positive (No previous B.C.G.)	Number Vaccinated
		Previous B.C.G.			
		No	Yes		
1448	1315	201	60	15	1131

TABLE XII

Rubella – German Measles Vaccination 1971

Children born in years						Total
1971	1970	1969	1968	1964-67	Under 16 years	
—	—	—	—	—	934	934

SCHOOL HEALTH SERVICE

Committee

Schools

Liaison

The Work of the School Health Service

Medical and Dental Inspection

Part time Employment of School Children

Special Clinics:

Child Guidance

Speech

Physiotherapy

Enuresis

Audiology

Handicapped Pupils

Juvenile Delinquency

Infectious Disease in School Children

Infestation Treatment

Tuberculin Testing and B.C.G. Vaccination

School Meals and Milk

Medical Examination of Teachers and Entrants to
Training Colleges

SCHOOL HEALTH SERVICE

COMMITTEE FOR EDUCATION, December, 1971

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Alderman Miss J.M. BISGOOD, J.P.

Vice-Chairman:

His Worship the Mayor,
Alderman B.A. GREENWOOD

Aldermen:

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SCHOOLS

Primary Schools

There are in the Borough 25 Primary Schools of the following type:—

County First Schools (5-8)	3
County Middle Schools (8-12)	2
County Primary Infants' Schools (5-7)	5
County Primary Junior Schools (7-11)	4
County Primary Schools (5-11)	6
Voluntary Aided (R.C.) (5-11)	2
Voluntary Aided (C. of E.) (5-11)	1
Voluntary Controlled (C. of E.) (5-11)	2

Nursery Classes

There is one Nursery Class associated with the Partially Hearing Unit.

Secondary Schools

There are 10 Secondary Schools in the Borough, 2 County Grammar, 7 County Modern and 1 Voluntary Aided Roman Catholic Modern School.

Private Schools

There are 6 private Schools in the Borough.

Private Schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

The Local Education Authority have not taken action under this Section.

Accommodation	Average number on Roll during 1971	Average Attendances	Percentage Attendance
Grammar Schools	1,573	1,454	92.4
Other Secondary Schools	4,630	4,281	92.5
Primary Schools	10,119	9,430	93.2
Special School	<u>78</u>	<u>67</u>	<u>85.9</u>
	<u>16,400</u>	<u>15,232</u>	<u>92.9</u>

Special School and Class Facilities in Poole

Partially Hearing Unit	
Sylvan School (Nursery)	— 8 day places
Sylvan School (Infants)	— 8 day places
Branksome Heath (Juniors)	— 8 day places

Approved Establishment of Special Classes for Educationally sub-normal pupils:

Alderney Junior	2	
Branksome Heath Middle	2	
Hamworthy Primary	2	— 280 places
Heatherlands Junior	2	—
Hillbourne Junior	1	
Oakdale Junior	2	
South Road Primary	1	
Turlin Moor Primary	2	
Henry Harbin Secondary Boys	2	
Henry Harbin Secondary Girls	2	
Herbert Carter Secondary Mixed	3	
Kemp Welch Secondary Boys	4	— 260 places
Kemp Welch Secondary Girls	2	
Special Class for maladjusted children (Greenways)		— 40 part-time day places
Victoria Home for Crippled Children, Lindsay Road, Branksome Park, Poole, Dorset		— 36 Boarding 12 day places
Poole, Bournemouth and District Spastics Centre, Langside Avenue, Wallisdown, Poole		— 40 day places

LIAISON

Excellent relationships exist between the local hospitals and general medical practitioners on one hand and the School Health Service on the other as detailed in earlier reports.

The National Society for the Prevention of Cruelty to Children deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents to have essential treatment carried out where this has been recommended by the School Medical Officer. Mr. G. L. Thompson, the Local Inspector, dealt satisfactorily with many difficult cases of neglect, ill treatment, etc., involving school children by giving kind but firm advice in the home.

THE WORK OF THE SCHOOL HEALTH SERVICE

The work of the School Health Service may be summarised as follows:

- (1) Routine and special inspection and re-inspection
- (2) Examination of children for fitness for part-time employment
- (3) Class by class inspection by the school nurse
- (4) Special clinics
- (5) Ascertainment and classification of handicapped pupils
- (6) Immunisation and vaccination
- (7) Investigation and control of infectious disease
- (8) Dental inspection and treatment
- (9) Hygiene and sanitation of school premises, including school kitchens and canteens

MEDICAL AND DENTAL INSPECTION

The School Health Service Regulations, 1959, omit specific requirements as to the occasions on which medical and dental inspections are carried out.

In accordance with the above Regulations parents are given the opportunity, so far as is reasonable and practicable, of being present at every medical inspection and at the first dental inspection of each pupil.

Routine medical examinations are carried out in Poole as follows:—

- (a) As soon as possible after entry to an Infant School,
- (b) As soon as possible after entry to a Junior School,
- (c) As soon as possible after entry to a Senior School,
- (d) During the term before the term in which the child is due to leave school.

If, at a school medical examination, a child is found to be suffering from a defect, the parent is advised or the child is referred for treatment to the family doctor, the appropriate clinic or hospital.

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

Records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department. This facilitates arrangements for medical inspection and follow-up and for the maintenance of complete medical histories from the information which is continually reaching the Section from Consultants, Hospitals, Clinics, etc.

Dental Records

These are filed at the appropriate surgeries for ease of reference and maintenance.

Result of Medical Inspection

During 1971, 5,206 children were examined at routine medical inspections. Of these, 1,244 were found to have defects requiring treatment (excluding dental disease and infestation with vermin).

In addition 503 special inspections and 558 re-examinations were carried out during the year.

Physical Condition

Two categories are used in the classification of a child’s physical condition namely Satisfactory and Unsatisfactory.

The child’s category is decided not only on a nutritional basis but also according to the presence or absence of defects. The figures for 1971 show that 99.94% of those examined were satisfactory, leaving 0.06% unsatisfactory. Details are as follows:—

Age Groups Inspected (by years of Birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected	
		Satisfactory	Unsatisfactory
		Number (3)	Number (4)
(1)	(2)		
1966 and later	839	839	—
1965	615	614	1
1964	296	295	1
1963	558	558	—
1962	252	252	—
1961	119	119	—
1960	541	541	—
1959	659	659	—
1958	245	244	1
1957	162	162	—
1956	854	854	—
1955 and earlier	66	66	—
TOTAL	5,206	5,203	3

Class Inspection by School Nurse

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of infectious and contagious disease.

During these rapid surveys 15,267 individual examinations were carried out during 1971. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 38 children were found to be infested with head lice, and arrangements were made for their treatment at home.

Scabies is treated by the Health Visitor or District Nurse by appointment. Nine children were treated during 1971, making fourteen attendances.

SCHOOL DENTAL SERVICE

During 1971 computerisation of statistics had a full years run, having commenced in parallel with the normal method from the previous October to the end of 1970. This necessitated a variation in method which involved considerably more clerical work than before, mainly with the preconsent forms for school inspections. No improvement in output or benefit to patients resulted in the adoption of this more complex method of compiling figures. The only obvious advantage is that when totalling output at the end of the year the figures are obtained by the addition of individual officers totals.

The policy of maintaining an annual inspection for children at school was almost achieved falling just short due to one dental officer being without fully trained assistance for much of the time. It was observed that the proportion of permanent fillings to permanent extractions for caries remains high. In 1956 the ratio was 3.7 to 1, in 1971 the ratio was 10.6 to 1. This is encouraging and shows a trend towards conservation possibly due to the persistence of Dental Health Education and a change of approach by dental officers who are anxious to examine annually and treat permanent teeth in good time. Another encouraging aspect of Dental Health Education was observed when distributing Oral Hygiene Kits, the schools visited sell apples and prohibit the eating of cariogenic snacks during school hours. This attitude of Head Teachers is much appreciated as is their help and co-operation when dental inspections are held. My thanks also to the staff for their help and continued loyalty throughout the year.

F.E.R. Williams, L.D.S.U. (Bristol)
Borough School Dental Officer

First Visits	2,902
Sub Visits	5,277
Total Visits	8,179
Additional Courses	750
Fills in Permanent Teeth	4,784
Fills in Dec. Teeth	3,093
No. of Permanent Teeth Filled	4,260
No. of Dec. Teeth Filled	2,960
No. of Perm. Teeth Extd.	450
No. of Dec. Teeth Extd.	1,398
No. of General Anaesthetics by Doctor	625
Emergency Visits	396
No. of Patients X-Rayed	519
No. of X-Rays	929
Prophylaxis	497
T.O.C.	218
T.R.F.'d	19
Crowns	11
Courses Completed	3,078

Orthodontics

Cases Remaining From Previous Year	135
New Cases Commenced	71
Cases Completed	45
Cases Discounted	3
No. of Removable Appliances Fitted	94
No. of Fixed Appliances Fitted	4
Pupils Referred to Hospital Consultant	11
Ortho Extractions	86

Prosthetics

No. of Pupils Supplied with full upper of full lower dentures	Nil
No. of Pupils Supplied with (partial) dentures	4
No. of Dentures Supplied	4

Anaesthetics

General Anaesthetics Administered by Doctors	Nil
General Anaesthetics Administered by Doctor Anaesthetist	560

Inspections

(a) First Inspections at School	12,134
(b) First Inspections at Clinic	1,519
(c) Reinspected at School or Clinic	1,387
(d) Total Inspected	15,040
 Total Requiring Treatment	 8,293
Total Offered Treatment	6,778

PART TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944 to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1971, 184 certificates of fitness for employment were issued.

One child was considered unfit for employment.

Six children were examined and considered fit to be employed in entertainments during the year.

POOLE CHILD AND FAMILY GUIDANCE CLINIC

ANNUAL REPORT – 1971

A total of 487 children were seen at the Clinic during 1971, including 175 new referrals. It has been possible to discharge from treatment 169 children, approximately the same number as the new referrals.

Approximately a fifth of the new referrals needed diagnosis and advice only. Almost a half needed some kind of treatment, varying from two or three interviews to a period of regular psychotherapy. Approximately a sixth needed either residential treatment, or to attend the special day school for maladjusted children.

Of the children referred, one eighth were pre-school children, and pre-school and infants' school children made up approximately one third of the total referrals. It is important to see these disturbed youngsters early, before they have become disenchanted with school. Many of the 6 and 7-year olds referred had a history of difficulties dating from pre-school days. Some of these children are helped by attending local Play Groups, Nursery Schools, and some need the specialised help of the Greenways Remedial Unit. The numbers in each age range attending the unit do, in fact, correspond to the numbers in each age group referred to the Clinic. Some of the 8-year olds and upwards need residential care, and the majority of these are admitted to the Penwithen Hostel in Dorchester, but the more disturbed attend the residential schools for the maladjusted.

Regular case conferences continue to be held with all who are concerned with the children who are referred. In addition to the Educational Psychologist and Psychiatric Social Worker, this includes regularly the staff of the Greenways Remedial Unit; also welfare officers, probation officers, head teachers, etc. attend conferences where appropriate. The task of communicating with all the schools remains a formidable one, but is helped by the work of the Educational Psychologists and the School Medical Officers.

A. J. BELSHAM
Consultant Children's Psychiatrist

ANNUAL STATISTICS

POOLE CHILD AND FAMILY GUIDANCE CLINIC

YEAR ENDED 31st December, 1971

Number of new children seen during the year	...	...	...	...	...	...	175
(Dr. Belsham 99, Dr. Zinna 50, P.S.W. only 26)	...	...	...	...	...	...
Number of cases closed during the year	...	...	...	...	...	...	169
Total no. of children seen at Clinic during 1971	...	...	...	...	...	...	487
Children awaiting initial interview 31.12.71	...	...	...	...	...	...	22
Children awaiting psychiatric interview 31.12.71	...	...	...	...	...	...	41
Total no. of cases under observation 31.12.71	...	...	...	...	...	...	318
Number of failed appointments during 1971	...	...	...	...	...	...	232

Analysis of Cases Closed

Improved	...	...	...	...	...	...	...	...	...	...	...	82
Diagnosis and advice only	...	...	...	...	...	...	...	...	...	...	...	34
Transferred to other agencies	...	...	...	...	...	...	...	...	...	...	...	14
Removed from area	...	...	...	...	...	...	...	...	...	...	...	14
Unco-operative and unimproved	...	...	...	...	...	...	...	...	...	...	...	24
Deceased	...	...	...	...	...	...	...	...	...	...	...	1
												<u>169</u>

Analysis of New Cases

Sources of Referral

Medical Officers	...	...	...	...	...	...	...	...	...	...	...	19
General Practitioners and hospitals	...	...	...	...	...	...	...	...	...	...	...	81
Educational Psychologists	...	...	...	...	...	...	...	...	...	...	...	11
Education Officer and Headteachers	...	...	...	...	...	...	...	...	...	...	...	20
Social Services Department	...	...	...	...	...	...	...	...	...	...	...	6
Probation Officers	...	...	...	...	...	...	...	...	...	...	...	2
Other Sources	...	...	...	...	...	...	...	...	...	...	...	36
												<u>175</u>

Problems for which children were referred

Psychosomatic	...	...	...	...	...	...	...	...	...	...	...	10
Behaviour problems	...	...	...	...	...	...	...	...	...	...	...	92
Nervous Symptoms	...	...	...	...	...	...	...	...	...	...	...	34
Enuresis	...	...	...	...	...	...	...	...	...	...	...	14
Social problems	...	...	...	...	...	...	...	...	...	...	...	18
Educational difficulties	...	...	...	...	...	...	...	...	...	...	...	25
School refusal	...	...	...	...	...	...	...	...	...	...	...	10
Others	...	...	...	...	...	...	...	...	...	...	...	11
												<u>214</u>

Age Groups

Pre-school	...	...	...	...	...	...	...	...	...	...	...	21
Infant School	...	...	...	...	...	...	...	...	...	...	...	32
Junior School	...	...	...	...	...	...	...	...	...	...	...	71
Secondary School	...	...	...	...	...	...	...	...	...	...	...	50
Left School	...	...	...	...	...	...	...	...	...	...	...	1
												<u>175</u>

Recommendations made on New Cases

Still under investigation	...	...	...	...	...	...	...	...	...	25
(including 19 awaiting psychiatric appointment)										
Diagnosis and Advice only	...	...	...	...	...	...	...	...	...	39
(Superficial) Treatment	...	...	...	...	...	...	...	...	...	53
Intensive Treatment	...	...	...	...	...	...	...	...	...	27
Residential Treatment	...	...	...	...	...	...	...	...	...	10
Admitted to Hospital for treatment or investigation	...	...	...	...	...	...	...	...	...	1
Special Day School for maladjusted Children, Poole	...	...	...	...	...	...	...	...	...	20
										<hr/> 175

ANNUAL REPORT – 1971

SPEECH THERAPY

During 1971 full clinic sessions were held at the Central, Branksome and Hamworthy Clinics. Part of the Tuesday afternoon sessions have continued to be held during term time at Turlin Moor School. Also a session has been started at Hillbourne Clinic on Monday mornings, to help the children and parents who are living in that area. Previously they had to attend either at the Central or Branksome Clinic. Monthly visits to assess and advise have continued to be made to Montacute School.

As before, it has been found necessary to see and treat a limited number of children with moderate to severe speech defects, in school, when the parents concerned have not been willing to attend with the child at one of the clinics. In every case the Head Teachers have been most helpful. Although this arrangement is not ideal, due principally to the impossibility of seeing these children weekly, they would otherwise have no treatment at all. Such school visits are generally short and are not allowed to disrupt the normal clinic sessions.

The increase in the number of school visits during the year (103 excluding Turlin Moor School), and the extra session at Hillbourne Clinic have only been made practicable by the continued allocation of a county fleet car.

One child has continued to attend the Central Clinic under supervision from the Victoria Home for Crippled Children.

As a result of the school survey carried out in 1969, most of the children seen at that time who had only a very slight speech defect and who it was considered advisable to re-assess at a later date, have now been seen again at school and either, in a few cases, been taken on for treatment in one of the clinics, or been discharged.

In the clinics 265 patients have been treated, consisting of those still under treatment at the end of 1970 (172) and an additional 93 new cases, who were referred by School Medical Officers, family doctors, consultants and Head Teachers. During the year, 74 children were discharged. Parental co-operation and attendance has, with a few exceptions, continued to be good, with only a moderate drop in comparison to previous years in attendance during school holidays.

The majority of children attending for Speech Therapy have been between 4 and 7 years of age, although the total age group has been from 3 to 18 years of age. At the end of 1971 the case load was 191, of which a very high proportion were boys (84%). The waiting list, including some who have been assessed and are waiting for treatment, was 25. The total number of attendances during 1971 was 2,203.

In November 1971 a lecture was given to the third year students at the Poole Annexe of the Weymouth Teacher Training College by request. Also, earlier in the year, a brief careers talk was given to a youth club attached to one of the local Churches.

Throughout the year the co-operation and assistance of members of staff has been much appreciated.

ANALYSIS OF YEAR'S WORK

Number of cases treated	...	...	...	...	...	...	...	...	...	265
Number of cases discharged	...	...	...	...	...	...	...	...	...	74
Number of cases under treatment	...	...	...	...	...	...	...	...	...	191
Number of cases on waiting list	...	...	...	...	...	...	...	...	...	25
School Visits (excluding Turlin Moor)	...	...	...	...	...	...	...	...	...	94
Montacute School Visits	...	...	...	...	...	...	...	...	...	9
Total number of attendances	...	...	...	...	...	...	...	...	...	2203

Helen V. A. Barrett
Speech Therapist

ENURESIS CLINIC

The once weekly Enuresis Clinic has been continued during 1971. The numbers treated at each session have varied from 3 - 10 being partly limited by the number of buzzer alarms available.

	Girls	Boys	Total
New Cases	19	38	57
Continued Cases	10	12	22
Completed Cases	23	37	60
Continued Cases into 1972	6	13	19
Total Attended During 1971	29	50	79

Mrs. L. Schofield, SRN, SCM, H.V. Cert.

PHYSIOTHERAPY CLINIC

Treatment is arranged during two three-hour sessions on one day per week for children selected by the School Medical Officer, with the consent of parents and the family doctor. The ratio of asthma to other chest and postural defects was 13:5.

We are very sorry to have lost Dr. Williamson on his retirement, but sincerely hope another doctor will be able to take several Review Clinics for these children during the year.

No. attending 31st December, 1970	...	...	...	...	...	...	...	...	...	27
No. attending 31st December, 1971	...	...	...	...	...	...	...	...	...	21
No. of attendances	...	...	...	...	...	...	...	...	...	393
No. of new cases	...	...	...	...	...	...	...	...	...	18
No. of patients discharged	...	...	...	...	...	...	...	...	...	6
No. of doctor's Review Clinics	...	...	...	...	...	...	...	...	...	2
No. suspended	...	...	...	...	...	...	...	...	...	27

Miss D. E. BUTLER, M.C.S.P.
Physiotherapist

AUDIOLOGY UNIT

The services of the Audiology Unit may be split into the following sections:—

AUDIOLOGY

Poole Children, mainly pre-school who have failed to pass the Health Visitors screening tests, are referred for advice from the Head of the Deaf Department as to whether or not a hearing defect exists.

Statistics for this Section for 1971 are as follows:—

Remaining under investigation from previous year	...	...	...	...	...	...	...	...	11
New cases referred during the year	...	...	...	...	...	...	...	...	21
									<u>32</u>
Disposal:									
Referred to Hearing Assessment Clinic	...	...	...	...	...	...	...	...	3
No significant hearing loss	...	...	...	...	...	...	...	...	16
Closed — Unco-operative	...	...	...	...	...	...	...	...	—
Closed — Left District	...	...	...	...	...	...	...	...	2
Remaining under investigation 31.12.71	...	...	...	...	...	...	...	...	11
									<u>32</u>

HEARING ASSESSMENT CLINIC

Children are referred for assessment by the Panel from various sources including the Audiology Clinic, Ear, Nose and Throat Surgeons and other Local Authorities.

Statistics for 1971 are as follows:—

Remaining under assessment from previous year	...	...	...	...	...	...	...	...	10
New cases referred during the year: POOLE	...	...	...	...	...	...	...	...	2
BOURNEMOUTH	...	...	...	...	...	...	...	...	13
									<u>25</u>
Assessed as deaf	...	...	...	...	...	...	...	...	3
Assessed as Partially Hearing	...	...	...	...	...	...	...	...	6
Some defect of hearing — for review	...	...	...	...	...	...	...	...	—
Remaining under assessment 31.12.71	...	...	...	...	...	...	...	...	11
Closed — No significant hearing loss	...	...	...	...	...	...	...	...	3
Unco-operative	...	...	...	...	...	...	...	...	—
Left District	...	...	...	...	...	...	...	...	2
									<u>25</u>

PROGRESS REVIEW CLINIC

Children who have attended the Assessment Clinic and been ascertained as having defective hearing requiring special educational treatment (either in the Poole Partially Hearing Unit or by Peripatetic help from a teacher of the deaf), are reviewed at Quarterly Progress Review Clinics. Every effort is made to have all such children reviewed by the Panel at least every two years.

Statistics for 1971 are as follows:—

Total number of children on Review list 31.12.71	...	...	...	...	...	...	...	...	46
Number reviewed during 1971	...	...	...	...	...	...	...	...	13

SCREENING TESTS USING A PURE TONE AUDIOMETER

Sweep tests at 20 decibels are carried out in Primary Schools on all children shortly after admission. The Schools Audiometrician also completes a full audiogram on children whose hearing is considered doubtful at a school medical inspection.

Number of children tested during 1971	Normal	Still under observation	Referred to Medical Officer
2,428	2,051	121	256

Children with abnormalities are investigated further and appropriate treatment arranged either through the family doctors, the hospital consultant or the Audiology Unit.

HANDICAPPED PUPILS

Handicapped pupils are defined in Part II of the Handicapped Pupils and Special Schools Regulations, 1959, as pupils who require special educational treatment, by reason of their being:

- (a) Blind

(b) Partially sighted)

(c) Deaf

(d) Partially hearing

(e) Educationally sub-normal
- (f) Epileptic

(g) Maladjusted

(h) Physically handicapped

(i) Pupils suffering from speech defect

(j) Delicate

Details of the handicapped pupils examined and placed in the various categories during 1971 and the numbers on the register on 31st December, 1970 are as follows:—

	Ascertained in 1971	Total on Register 31.12.71
Blind	—	—
Partially sighted	—	3
Deaf	2	4
Partially Hearing	1	29
Delicate	1	1
Educationally sub-normal	142	677
Epileptic	—	2
Maladjusted	38	118
Physically handicapped	3	29
Speech defect	—	—
	<u>187</u>	<u>863</u>

Of the 142 educationally sub-normal pupils ascertained during the year 131 were recommended for special educational treatment in an ordinary school, and 11 for admission to a day special school.

In addition to those examined and ascertained as handicapped pupils above:

- 18 handicapped pupils were re-examined and found to be still handicapped
- 32 handicapped pupils were re-examined and found to be no longer handicapped
- 16 pupils were examined and recommended for care and guidance after leaving school
- 27 pupils were examined but were not deemed to require care and guidance after leaving school.

During the first quarter of the year no reports were issued in accordance with Section 57 of the Education Act, 1944. As from 1.4.71 such children came under the provisions which apply generally to those requiring special educational treatment and in particular Section 34 of that Act, which to a large extent accounts for the increase in the number of educationally sub-normal children on the register.

All handicapped pupils in attendance at schools in the borough, together with those at Wimborne Day Special School, are given an annual medical examination when their placement is also briefly reviewed.

HANDICAPPED PUPILS IN SPECIAL SCHOOLS

Category	No. at end of 1970	Admitted during 1971	Discharged during 1971	No. at end of 1971
Blind	—	—	—	—
Partially sighted	3	1	1	3
Deaf	3	—	—	3
Partially hearing	—	—	—	—
Delicate	—	—	—	—
Physically handicapped (Residential)	12	2	2	12
(Day)	8	3+9*	1	19
E.S.N. (Residential)	9	1	2	8
E.S.N. (Day)	26	1+50*	2	75
Maladjusted includes Penwithen Hostel	31	19	19	31
Epileptic	2	—	—	2
TOTAL	94	86	27	153

* Transfers to Education from Health Authority

JUVENILE DELINQUENCY

During 1971 145 school children appeared before the Juvenile Court charged with various offences such as larceny, burglary, wilful damage etc., excluding minor traffic offences.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

Details of infectious diseases occurring in school children during the year are included in Table IV on Page 76 of the full report on the Health of Poole.

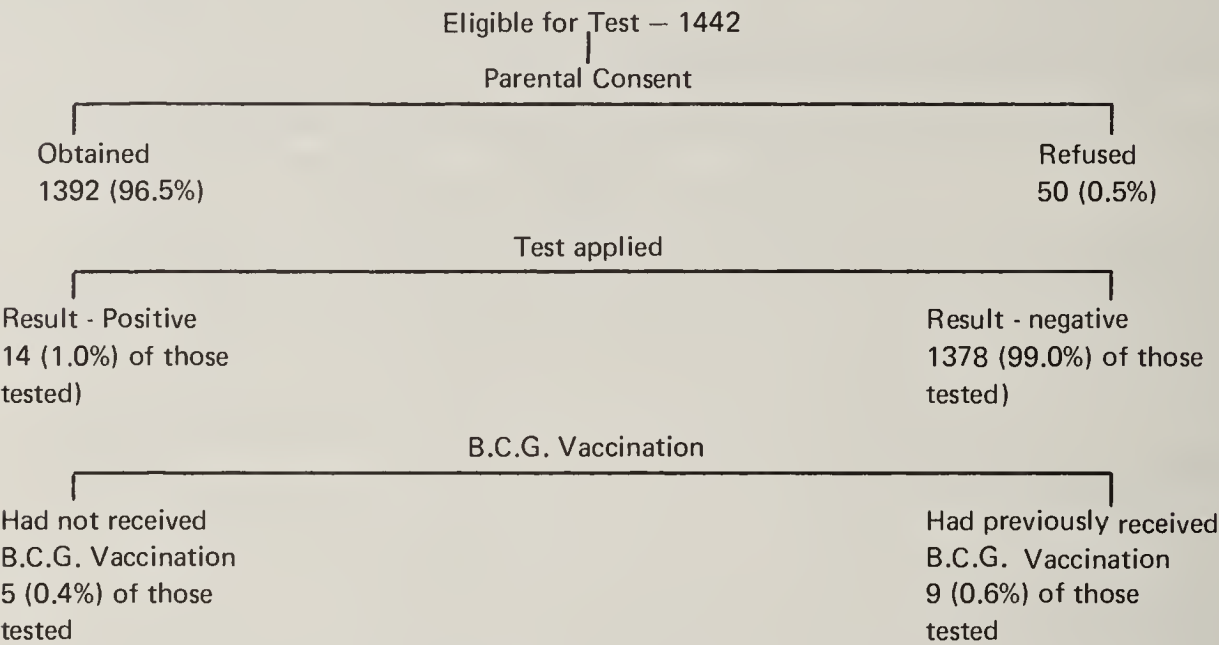
TUBERCULIN TESTING AND B.C.G. VACCINATION

The tuberculin testing, by the Heaf Test, of children on their entry to school was continued during the year. This test is incorporated with the routine medical examination of the five year old pupils, parental consent being obtained prior to the application of the test.

The Chest Physician is most co-operative and investigates all positive reactors, with their contacts where considered advisable in an endeavour to discover the probable source of infection.

The Health Visitor, after visiting the homes of all children showing a Grade 3 or 4 positive reaction, completes a domiciliary report giving the names of all contacts, a copy of this report being sent to the Chest Physician for action.

The following shows the results obtained during the year 1970.



Detailed B.C.G. and other vaccinal statistics will be found on pages 77-79 of the full report on the Health of Poole.

PROVISION OF SCHOOL MEALS

Taking the year as a whole, the daily average number of midday meals provided was 8,653 children's meals. For January, February and March, the daily average was 9,554 and, for the remainder of the year (after the increase in the charge to the parent to 12p from April), the daily average was 8,315.

The total number of children's free meals provided for the year was 296,295. The daily average rose from 1,334 for January, February and March to 1,572 for the remainder of the year. The proportion of free to paid meals rose from 14% to 19% of pupils' meals supplied.

PROVISION OF SCHOOL MILK

The number of children who took their daily allowance of milk in April 1971, before the restriction was imposed of free milk only for children up to seven years of age, and for children over seven years of age at Primary Schools on health grounds, was 8,879 out of an average attendance of 9,890 (89.7%). On one day in the autumn term 1971 (the new restrictions were introduced from September), the number of pupils in attendance, who were eligible for milk on grounds of age, was 3,708 – 3,492 took milk (94.2%). 5,571 pupils were in attendance and eligible to be considered on health grounds. One pupil was supplied with milk.

**MEDICAL EXAMINATION FOR SUPERANNUATION
AND FITNESS FOR APPOINTMENT**

During the year 44 teachers were given medical and X-ray examinations.

In accordance with Ministry of Education Circular No. 249, 76 entrants to training colleges were examined.

PERSONAL HEALTH AND WELFARE SERVICES

Administration

National Health Service Act, 1946

- Care of Mothers and Young Children
- Midwifery
- Health Visiting
- Home Nursing
- Immunisation and Vaccination
- Domestic Help
- Prevention of illness, care and after-care
 - Tuberculosis
 - Exfoliative Cytology
 - After Care
 - Liaison with Children's Unit, Christchurch Hospital
 - Chiropody
 - Mobile Meals
 - Incontinence Pads
 - Prevention of break-up of families
 - Health Education
 - Fluoridation
 - Mental Health

National Assistance Act, 1948

- Welfare of the Blind
- Welfare of the Deaf
- Welfare of the Physically Handicapped

PERSONAL HEALTH AND WELFARE SERVICES

ADMINISTRATION

In January, 1961, the Minister of Health approved a scheme of Delegation of Health and Welfare Functions made by the Poole Borough Council under Section 46 of the Local Government Act, 1958. These Delegated Functions were assumed by the Health Committee on the 1st April, 1961, and relate to the following:—

- (i) Health Centres
- (ii) Care of Mothers and Young Children
- (iii) Midwifery
- (iv) Health Visiting
- (v) Home Nursing
- (vi) Vaccination and Immunisation
- (vii) Prevention of illness, Care and After-care
- (viii) Home Help
- (ix) Mental Health except residential accommodation
- (x) Welfare arrangements for Disabled Persons
- (xi) Disabled Persons (Employment) Act — Section 3
- (xii) Nurseries and Child-Minders Regulation Act, 1948

Consequent upon the implementation of the Social Services Act, 1971, the following were transferred to the Social Services Department of the Dorset County Council on the 1st October, 1971.

- (i) Home Help
- (ii) Mental Health
- (iii) Welfare arrangements for Disabled Persons
- (iv) Day Nursery
- (v) Nurseries and Child Minders; Regulation Act, 1948, as amended by Health Services and Public Health Act, 1968.
- (vi) Meals on Wheels

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante Natal Care

Clinics run by midwives have been discontinued and expectant mothers are now booked and cared for in their own homes.

Mothercraft and Relaxation Classes

These facilities are available to expectant mothers booked for institutional confinement as well as those being attended by the Council's Domiciliary Midwives.

Relaxation and Mothercraft Classes, 1971

Name of Clinic	Average Attendance per session	First Attendances	Total Attendances	No. of Sessions
Branksome	8	59	405	52
Hamworthy	3	33	144	45
Hillbourne	5	39	199	40
TOTAL		131	668	137

Care of Unmarried Mothers

The Council does not employ any staff to deal with the special problems of the unmarried mother and her child but Welfare Workers employed by the Salisbury Diocesan Association for Moral Welfare carry out their duties in close co-operation with the officials of the Health Department. For this service an annual grant is made to the Association.

Facilities provided for unmarried mothers include advice from Health Visitors and Midwives, arrangements for maternity beds at hospital and arrangements for admission to Maternity Homes through the co-operation of the Moral Welfare Workers. The Borough Council is not directly responsible for the provision of any Mother and Baby Homes, but financial responsibility is accepted for the maintenance of cases admitted to Homes administered under the auspices of the Salisbury Diocesan Association for Moral Welfare and other approved Homes.

During the past few years requests for financial assistance have become less and less for individual cases and during 1971 there were no cases for which this authority accepted financial responsibility.

Sterilised Maternity Outfits

These are available free of charge for all domiciliary confinements and the contents of the maternity outfits conform to the requirements laid down by the Department of Health.

Notification of Births

The Public Health (Notification of Births) Act, 1965, came into operation on 5th September, 1965. An additional duty was imposed on district councils (such as Poole) exercising delegated health and welfare functions. Notifications of births are now made directly to the Medical Officer of Health of that authority instead of the County Medical Officer.

The following table shows the actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, adjusted by any notifications transferred in or out of the area.

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
1. Domiciliary	162	2	164
2. Institutional	1305	22	1327
3. TOTAL	1467	24	1491

These figures are further sub-divided as follows:—

Number of domiciliary births attended by Midwives	...	...	...	...	162
Domiciliary births attended by G.P.'s	...	...	...	...	2
Number of births at Poole General Hospital (Poole Area)	...	...	...	...	960

Number of Poole Mothers confined in Maternity Units

Firs Maternity Home	...	...	...	...	...	...	...	...	325
Royal Victoria Hospital, Boscombe	...	...	...	...	...	...	...	...	37
Others	...	...	...	...	...	...	...	...	5

A further 784 births occurred in Poole to mothers who reside outside the Borough.

Child Health Clinics

Details of the premises and times of opening are shown on pages 9 and 10 of this report.

Children seen at Child Health Clinics who are considered to require specialist advice are sent to the family doctor, who in turn may refer them to Consultant Paediatricians employed by the Regional Hospital Board. Failing this the consent of the General Practitioner is obtained before referring the child directly for specialist opinion. The clinical work of the centres is purely preventive in character and aims at early detection of congenital and acquired defects and diseases with the object of referring such cases to the family doctor, for his attention. Each Child Health Clinic is attended by a medical officer, and infants are examined at the first attendance and thereafter as required, any showing signs of deviation from normal health being referred to the family doctor.

Attendances at Child Health Clinics during 1971

Centre	Average Attendance per Session	New cases				Total Attend-ances	Sessions
		Born in					
		1971	1960	1965-69	Totals		
Alder Road	41	63	65	59	187	1007	24
Branksome	27	163	253	216	632	3162	115
Broadstone	21	52	85	154	291	1105	52
Canford Magna	18	18	37	71	126	438	24
Central	27	184	236	201	621	2869	104
Hamworthy	16	57	45	96	198	838	52
Herbert Ave.	26	65	54	107	226	1352	52
Hillbourne	31	82	101	192	375	1604	51
Newtown	31	66	70	161	297	1610	52
Oakdale	28	106	110	245	470	2006	72
Old Town	17	25	35	51	111	876	52
Turlin Moor	6	16	15	10	41	208	39
Wallisdown	23	57	64	72	193	1201	51
TOTAL		954	1170	1635	3768	18276	740

Dental Care

The details regarding the dental treatment of expectant and nursing mothers and children under five years of age are shown in the tables which follow. The general arrangements are unchanged, the mechanical work in connection with dentures being done by a dental technician.

Expectant and nursing mothers are able to obtain dentures through the general dental service without payment, whereas hitherto this could only be done through the local authority service. This arrangement is an advantage to many mothers as their treatment can be continued by their usual dental practitioners.

	First inspection	Requiring treatment	Offered treatment	First visits	Subsequent visits	Total visits	Fillings	Teeth filled	Teeth extracted	General anaesthetics	Emergencies	Patients X-rayed	Prophylaxis	Teeth otherwise conserved	Courses of treatment completed	No. of dentures supplied
Expectant and nursing mothers	8	8	8	9	19	28	16	15	11	3	2	5	4	—	7	—
Children under five	132	132	132	140	218	358	331	306	87	52	23	5	12	58	145	—

Family Planning

With the inception of the National Health Service (Family Planning) Act, 1967, the existing power of local authorities is extended. The Act confers on local health authorities a general power, with the approval of the Minister of Health (and when the Minister directs, imposes a duty on them) to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptive substances and appliances. The Act extended the existing powers of local health authorities to enable them to provide advice on contraceptives and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases and the authority is empowered to recover such charges as are considered reasonable having regard to the means of the recipient.

The table below shows the sessions held and attendances made during 1971.

Clinic	Sessions	First Attendances	Total Attendances
Branksome	63	113	563
Central	50	79	395
Hamworthy	82	74	667
Hillbourne	23	26	195

Care of Premature Infants

A good liaison has been established with hospital paediatric units and no difficulty is encountered in obtaining institutional care for premature infants where necessary.

Weight at birth	Born in Hospital				Premature live births								Premature Still births	
					Born at home or in a nursing home									
					Nursed entirely at home or in a nursing home				Transferred to a hospital on or before 28th day					
	Total Births	Died			Total Births	Died			Total Births	Died			Born	
		Within 24 hours of birth	In 1 and under 7 days	In 7 days and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 days and under 28 days		Within 24 hours of birth	In 1 and under 7 days	In 7 days and under 28 days		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. 2lb. 3 oz. or less	4	3	—	—	—	—	—	—	—	—	—	—	6	—
2. Over 2lb. 3 oz. up to and including 3lb. 4 oz.	4	1	—	1	—	—	—	—	—	—	—	—	2	1
3. Over 3lb. 4 oz. up to and including 4lb. 6 oz.	14	1	—	—	—	—	—	—	—	—	—	—	4	1
4. Over 4lb. 6 oz. up to and including 4lb. 15oz.	16	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Over 4lb. 15oz. up to and including 5lb. 8 oz.	41	1	—	—	1	—	—	—	—	—	—	—	2	—
6. TOTAL	79	5	—	1	1	—	—	—	—	—	—	—	14	2

Children “At Risk”

The number of children on the “At Risk” register at the end of the year was 986.

Day Nursery

Admission is confined to children between the ages of two and five years, whose mothers find it necessary by reason of social circumstances to obtain work in order to support the family, or who are single, widowed or have a disabled or invalid husband.

With the implementation of the Social Services Act, 1971, the administration of the Day Nursery was transferred to the Social Services Department of the Dorset County Council on the 1st October, 1971. With the close liaison that exists between the Health Department and the Area Office of the Social Services Department, notification is received of all admissions and discharges to the Nursery. This enables the District Health Visitor to be made aware of the movements of children in the area.

Incidence of Congenital Malformation (Circular C.M.O. 13/63)

Arrangements have been made to collect the information required.

During 1971, 34 such abnormalities were noted on the birth notification cards, 10 of which were in respect of domiciliary confinements.

Nurseries and Child Minders Regulation Act, 1948

As with the Day Nursery, the administration and registration of persons and premises was transferred to the Social Services Department of the Dorset County Council on the 1st October, 1971.

Distribution of Welfare Foods

(i) National Dried Milk

Up to the 3rd April, all expectant mothers and young children were entitled to receive tokens for seven pints of liquid milk at a reduced price, or one pack of National Dried Milk at 11½p per pack. From the 4th April, only expectant mothers and children under school age in low income families, were entitled to seven pints of liquid milk or one pack of National Dried Milk free of charge. National Dried Milk can still be purchased at the full cost of 20p per pack.

	Paid at 11½p	Free	Full Cost	Total Cost
to 3rd April, 1971	29	16	77	122
to 31st December, 1971	—	83	579	662
	<u>29</u>	<u>99</u>	<u>656</u>	<u>784</u>

(ii) Cod Liver Oil

Cod Liver Oil ceased to be supplied as a Welfare Food on the 30th April, 1971. 587 bottles were issued during 1971, 63 bottles free of charge and 524 at 5p per bottle.

(iii) Vitamin Drops

A new preparation containing vitamins A, D and C were introduced for children from 4th April, 1971. 2,179 bottles were issued during 1971, 357 bottles free of charge and 1822 at 5p per bottle.

(iv) Vitamin Tablets

Vitamin A & D Tablets are issued to expectant and Nursing Mothers free of charge against tokens, or may be purchased for 2½p a packet. 1139 packets were issued during 1971, 63 packets free of charge and 1076 at 2½p per packet.

(v) Orange Juice

Orange juice was issued to expectant and nursing mothers and children under school age, free against tokens and could be purchased at 7½p per bottle without tokens. 21,339 bottles were issued during 1971, 1,978 bottles free of charge and 19,361 at 7½p per bottle.

MIDWIFERY

(Section 23)

Medical supervision is carried out by the Medical Officer of Health and non-medical supervision by the Borough Nursing Officer.

Refresher Courses

The Central Midwives Board require all practising midwives to undertake a course of post-graduate training once in every five years and arrangements are made to meet this requirement. During 1971 two midwives attended refresher courses.

Medical Aid under Section 14 (1) of the Midwives Act, 1951

Number of cases where medical aid was summoned during the year for domiciliary cases where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Services	31
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Deliveries attended by Midwives employed by the Authority

Doctor booked (a) present at delivery	9
(b) not present	...	...	...	...	...	...	152
Doctor not booked (a) present at delivery	...	...	...	...	...	...	—
(b) not present at delivery	...	...	...	...	...	...	1
Total							162

Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the tenth day	1097
--	-----	-----	-----	-----	-----	------

Home deliveries continue to be on the decline and we have come to accept this now. Probably in the future all confinements will take place in hospital and mother and baby will be discharged home very early. State Certified Midwives will still be required for the post partum work, and under present regulations the attention of the midwife is required up to and including the tenth day.

Training

We continue to teach Pupil midwives and the Intergrated Course of training is proving to be of added interest to both teacher and pupil.

During 1971, 12 Pupil Midwives had completed their district training and one Midwife left to train as a Health Visitor. She was replaced by one of our own pupil Midwives following her final examination in October, 1971.

Obstetric Nurse Training

Domiciliary midwives participate in this training and from time to time students from the local hospital spend a day on the district with a midwife.

Mothercraft Teaching and Relaxation

We continue with our teaching programme but at three centres only and attendances are fewer due to more hospital deliveries.

One Midwife is partially attached to a group practice and she holds her own class on surgery premises. This is well attended.

HEALTH VISITING

(Section 24)

We have an establishment of twenty one Health Visitors and at the end of 1971, we employed twelve full time Health Visitors and two part time Health Visitors. Two of the established posts are occupied by two student Health Visitors one of whom is at Bristol University and the other at the College of Technology, Reading. At the end of the academic year, the students will return to Poole for a ten week period of supervised work before they are granted their Health Visitors certificate if they pass a written examination.

It is hoped that Poole will be able to continue to train its own Health Visitors in future. There is a national shortage and repeated advertisements in the nursing journals during the year 1971, proved unproductive. Four applicants were interviewed but declined offers of posts. The equivalent of five full time Health Visitors are attached to group practices and one Health Visitor is partially attached to a group of two doctors on Canford Heath.

It is difficult to cover all areas adequately and Health Visitors are more than fully occupied.

Work coverage during periods of annual leave and absences due to sickness is very minimal.

All Health Visitors, with the exception of the Liaison Health Visitors, are also employed as School Nurses spending an average of three sessions a week on these duties.

Group Attachment

Five Health Visitors are attached full time to groups of medical practitioners and two part time.

Experience with this deployment of Health Visitors has been such as to merit extension of the experimental period further but the limit would appear to have been reached as all the major group practices are now covered. Attachment to single handed or small practices is neither practical nor economical, but every opportunity will be used to enhance liaison.

Routine Visiting

A record card is prepared for each District Health Visitor following the notification of each birth so that she may commence visiting at the appropriate time to give advice on general management and health matters. Excellent co-operation exists with the hospital authority and prompt notification regarding essential details is received in time for the first visit. Following the first visit, circumstances determine the frequency of follow up. As in previous years more time is being given to needy families and aged persons. Domiciliary visiting of the tuberculous is carried out by the Liaison Health Visitor for this service.

Phenylketonuria

Health Visitors performed routine tests on infants at the age of six weeks.

Screening Tests of Hearing

Screening Tests of Hearing are performed by the Health Visitor on every child at about the age of six months. Children who fail to pass the test are referred for medical opinion.

Care of the Elderly

It is estimated that there are now over 18,000 persons over the age of 65 residing in the Borough resulting in heavy pressure upon the Hospital, Local Authority and Voluntary services. Elderly persons are given every encouragement and help to live a happy and independent life within their own home, or, if necessary, in special dwellings with warden service, of which there were 402 in occupation on 31st December. When required, arrangements are made for the provision of home help, meals-on-wheels, chiropody, Home nursing (see details under respective headings) and the loan of medical aids when these are not provided through the National Health Service.

Loneliness amongst elderly persons presents special difficulties. Encouragement is given to attend Luncheon Clubs and Darby and Joan Clubs. Around 40 persons now attend the County Council's Day Centre in Parkstone. In order that persons living alone may summon help in an emergency, flashing light alarms are supplied by Poole Council for Social Service. By the end of the year 60 had been installed.

When the needs of the person cannot be met by the domiciliary services, arrangements are initiated with the County Council's officers for admission to Residential Accommodation on either a long-term or temporary basis. There are four residential Homes within the Borough, giving a total of 252 beds. Occasionally it is possible to arrange for a person's admission to one of the 16 registered private Homes for the Elderly situated in the Borough.

There is close liaison with the Geriatric Consultant at Poole General Hospital. Although further beds have been made available during the year, the demand for hospital admission is excessively heavy.

During the year 920 new applications for help were received and on 31st December, 2,200 persons were on the register.

Two liaison health visitors and one social welfare officer together made a total of 3,363 visits.

Surveys

In addition to their routine duties, Health Visitors play a valuable part in various national and local surveys that are undertaken from time to time on problems of socio-medical import. These services, as well as contributing to medical knowledge, given an added interest to their work.

Attendance at Clinics

The Health Visitor is responsible for the Child Health centres in her area and attends all sessions as part of her duties. Advice is given on the various problems raised by mothers and when necessary consultations with the clinic medical officers are arranged. Most of the children are immunised or vaccinated at the child health centres and when possible booster doses are given before the child reaches school age. Health education is a prominent function of the centre and in this the Health Visitor plays a major role.

Training of Student Nurses

Health Visitors together with District Nurses and Social Welfare Officers assist with the training of student nurses in the social aspects of disease. Students from Poole General Hospital accompany these officers for home visits, visits to schools, day nurseries and play groups.

Facilities for Refresher Courses

All Health Visitors attend a post-registration course of study once in five years. During 1971 two Health Visitors attended a Refresher Course.

Summary of Cases and Visits made (Excluding
work as School Nurse) by Health Visitors

	Cases	Effective visits
Children under 5	6800	20893
Persons over 65	878	1913
Mentally disordered	19	51
Persons discharged from Hospital other than Mental Hospital (excluding Maternity Cases)	235	252
Infectious Diseases other than Tuberculosis		86
Expectant and Nursing Mothers		3936
Problem families		343
Handicapped persons		466
Children "at risk"		433
Special visits		1175
Other visits		1074
Tuberculosis Visitor: Total number of visits to tuberculous households		129
Ineffective Visits: Total number of ineffective visits (not included in above figures)		4868

HOME NURSING

(Section 25)

Administrative Arrangements

In Poole the establishment of District Nurses is 20 plus 8 Nursing Assistants. Each is mobile either by providing her own car and paid a car allowance, or alternatively, by use of a fleet vehicle. Two male Queen's District Nurses attend to male patients in appropriate cases.

District Nursing

There are no vacancies in the District Nursing Service and all those employed are in the younger age group with the exception of Mrs. Little, who retires in June 1972, after thirty four years of service on the district in Poole.

Only seven nurses out of a total of twenty six possess the certificate of District Nursing and the seven include the Borough Nursing Officer and her assistant. Clearly we must attempt to remedy this and arrangements are in hand to commence a programme for training.

Ten District Nurses have intimated their desire to train. Those who have completed two years full time district work can be seconded for a period of training lasting twelve weeks and we are sending one to Exeter on the Course beginning in June 1972.

State Enrolled Integrated Training

Two nurses entered and passed the examination and qualified for National Certificate of District Nursing for the Enrolled Nurse. This training is carried out in conjunction with Poole General Hospital.

Co-operation with General Practitioners

The district nurses continue to work under the instructions of the family doctor.

Patients are prepared for diagnostic X-ray examination on request from Poole General Hospital and patients are nursed at home following discharge from hospital.

It will be seen from the summary below that most of her work is caring for the elderly who are ill in their own homes.

There is very good liaison between the district nurses and the Health Visitors having special responsibility for the aged, the infirm and the handicapped.

Group Attachment

Attachment of District Nurses is not as yet practical owing to the relatively small number available. By controlling the deployment centrally a much more efficient and economical distribution can be achieved.

Liaison with Hospitals

Discharge notices of patients requiring treatment at home which were previously sent by the Medical Social Worker are now sent by the departmental Sisters of the respective wards. This new arrangement is working very well and ensures continuity of treatment.

Refresher Courses

District Nurses attend refresher courses arranged by the Queen's Institute of District Nursing. During 1971 two District Nurses attended a refresher course.

Senior Nursing Officers who are undertaking the Nursing Administration Course arranged by the Royal College of Nursing, visit the Health Department in order to gain an insight into community care.

This is a new inovation in Poole which commenced in 1968.

**Summary of Cases attended and visits
paid by Home Nurses, 1971**

Classification	New Cases	Total Visits
Patients nursed during the year	2345	72091
Patients who were aged under 5 at first visit in 1971	17	64
Patients who were aged 65 or over at first visit in 1971	1529	56863

IMMUNISATION AND VACCINATION

(Section 26)

IMMUNOLOGY

Calendar of Injections

Age	Visit	Vaccine	Interval
5 months	1	Diphtheria, Pertussis, Tetanus Oral Poliomyelitis	4-6 weeks
7 months	2	Diphtheria, Pertussis, Tetanus Oral Poliomyelitis	4-6 weeks
12 months	3	Diphtheria, Pertussis, Tetanus Oral Poliomyelitis	
13 months	4	Measles	
4½-5 years		Diphtheria and Tetanus Oral Poliomyelitis	
11 years		German Measles (Female)	
Over 12 years		B.C.G.	

Details of immunisations carried out are to be found on pages 77-79.

HOME HELP SERVICE

The demand for this service continues to increase. The rise in the number of cases was mainly due to the need for giving help to the aged and infirm. The service is also being used more frequently to assist "After-Care" patients. Early discharge from hospital is often dependent upon the availability of home help, and immediate and sufficient help in such cases is of prime importance for the quick recovery of the patient.

The number of cases where Home Help was provided during the year is shown in the following table.

	Home help to households for persons:					
	aged 65 or over on first visit in 1971 (1)	Aged under 65 on first visit in 1971				
		Chronic sick and Tubercul- ous (2)	Mentally disordered (3)	Maternity (4)	Others (5)	Total (6)
Number of cases	785	23	2	11	104	925

The Home Helps worked a total of 100,960 hours in assisting the cases.

With effect from the 1st October, 1971, the administration of the Home Help Service was transferred to the Social Services Department of the Dorset County Council.

HEALTH EDUCATION

With the absence from the establishment of a Health Education Officer, every effort is made, within the limits of the staff available, to emphasise the importance of Health Education in the form of lectures, displays, films, posters and the distribution of literature.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 12 Health Services and Public Health Act) (Formerly Section 28 N.H.S. Act)

This section of the Health Services and Public Health Act gives a wide scope to local health authorities for implementing schemes for the prevention of illness and for the after-care of patients generally.

Care of the Elderly – See section under Health Visiting

Tuberculosis

A full-time Liaison Health Visitor is employed in duties associated with the Chest Clinic. Her function is to co-ordinate the clinical and domiciliary care of patients, when requested by the Consultant Chest Physician. Arrangements are made for issuing free milk grants to necessitous cases. One sleeping shelter is available for issue when required to domiciliary cases. To meet the needs of Tuberculous patients, assistance is received when necessary from a number of local voluntary organisations.

B.C.G. Vaccination of Tuberculosis Contacts

In this scheme the contacts of persons suffering from tuberculosis are given a preliminary skin test by the Chest Physician, and vaccinated where necessary.

B.C.G. Vaccination of Schoolchildren

The B.C.G. vaccination scheme for protecting children reaching the age of thirteen years has continued and all private and public schools are included in the scheme as well as those under the control of the local Education Authority. Statistics relating to this are to be found on page 82.

Exfoliative Cytology

In conjunction with the Pathological Department of Poole General Hospital this service was started in March, 1966 for the examination of cervical smears. Sessions are held at four of our clinics jointly with Family Planning and the waiting period for patients is kept at an absolute minimum.

Record of Sessions and Attendances – 1971

Clinic	Sessions	First Attendances	Total Attendances
Branksome	62	245	375
Central	50	175	385
Hamworthy	77	94	170
Hillbourne	29	67	170

After-Care

In exercising their functions under this Section the Poole Corporation follow the agency arrangement made by the Dorset County Council who utilise the services of the Dorset Branch of the British Red Cross Society. Arrangements are made to provide care and after-care services to patients discharged from hospital or homebound invalids, including the aged and chronic sick.

Holiday Homes

On the recommendation of general medical practitioners, arrangements were made for 6 persons to have a recuperative holiday. The County Council make arrangements for elderly persons to receive a holiday at Swanmore Hostel at Swanage.

Liaison with Children's Unit, Christchurch Hospital

Friendly co-operation was maintained with the Paediatrician and Ward Staff. It has been possible to pass on earliest information to area Health Visitors and to reciprocate with details relating to the social background of child patients. Information relating to recently discharged patients has been passed on promptly for follow-up visiting.

Chiropody

During the year there has been a heavy demand for the chiropody service which is provided by the Dorset Branch of the British Red Cross Society with the help of substantial financial grants from the County Council. Local chiropodists are engaged by the Society and sessions are held at the Central, Oakdale, Branksome and Hamworthy Clinics. Patients are seen by appointment, and a nominal charge of 15p is made towards the cost of the chiropodists' fee dressings and drugs. Ambulance Service transport is arranged when necessary. Priority is given to elderly and physically handicapped persons and expectant mothers. During the year 842 sessions were held, the total attendance was 7332 and 15 domiciliary visits were made. The number of persons receiving treatment was 1806.

Mobile Meals

This service for housebound elderly or physically handicapped persons is provided by arrangement with the Women's Royal Voluntary Service. By special arrangement with the Day Centre for the Elderly, the Training Centre and various Residential Homes, meals are now available throughout the year except for the month of August. During the year 195 new requests for meals were received; 419 persons were served and 19512 meals were delivered. The number of persons receiving meals on 31st December, was 215.

Up to the end of July, this service provided a two meals per week service. In September this was increased to a three meals per week.

Luncheon Clubs

The Women's Royal Voluntary Service has opened three Luncheon Clubs on one day per week, for the benefit of elderly lonely persons who are mobile. A further club, organised by a joint committee of four churches, is held at Broadstone.

Incontinence Pads

No major scheme for the supply of incontinence pads has been put into operation. Pads have been supplied in selected cases, and the Health Committee has approved a pilot scheme for the supply of pads to cases receiving supplementary allowance without the necessity of making a charge. In other appropriate cases pads have been supplied through charitable funds, such as the Marie Curie Foundation.

An efficient gas incinerator is provided in the Central Clinic. Also members of the nursing staff have direct access to the furnaces at the Corporation Refuse Disposal Works. The mobile Public Health Inspectors' Assistants employed in the department have assisted in the collection and destruction of soiled pads and dressings where no other arrangement has been possible.

In Poole there is a foul laundry service with loan bed linen facilities using a commercial laundry whose vehicles operate throughout the Borough. This service is operated under Section 29 of the National Health Services Act, 1946, and as a consequence no further charge is required if the patient is already receiving the services of a Home Help. The foul laundry service operates at the request of the District Nurses or General Practitioners.

MENTAL HEALTH

Administration

The mental health service is administered by the Borough Health Committee, and is under the direction of the Medical Officer of Health. The central office comprises a staff Medical Officer (part time) and an Administrative Assistant who also has duties in connection with blind welfare and physically handicapped persons. Field work is undertaken by a Senior Mental Welfare Officer assisted by three Mental Welfare Officers.

With effect from the 1st October, 1971 these services were transferred to the Social Services Department of the Dorset County Council.

Work undertaken in the Community

(a) MENTAL ILLNESS

The total number of patients referred for services, other than for admission to hospital by general medical practitioners, hospitals, police, etc., was 539. In addition 286 patients were admitted to psychiatric hospitals through the agency of the mental welfare officers in the following manner:—

Informal		Emergency		Observation		Treatment		Court Order		Total	
M	F	M	F	M	F	M	F	M	F	M	F
90	133	11	12	8	27	3	2	—	—	112	174

The majority of patients were admitted to Herrison Hospital, Dorchester, and 78% were on an informal basis. The number of known re-admissions to hospitals was 121.

(b) MENTAL SUB-NORMALITY

(1) New Cases (including children classified as E.S.N. and maladjusted)

During the year 32 new cases were reported.

Referred by:	Under 16		Over 16	
	M	F	M	F
General Practitioners	—	—	—	—
Education Authority	6	6	—	—
Hospitals	—	—	—	—
Other Sources	2	—	5	2
TOTAL	8	6	5	2

Of the above cases, 16 were placed under community care, in 4 cases action has been deferred, and in 1 case no action was considered to be necessary.

Every effort is made to help all persons over school leaving age secure and maintain employment in the community. Of the new cases, 9 were placed in suitable employment. Good liaison is maintained with local employers, the Youth Employment Officer and the Disablement Resettlement Officer of the Department of Employment.

(ii) Existing Cases

There are varying degrees of mental sub-normality, and for convenience, the statistics given below include a number of children leaving schools, who for reasons of either sub-normal intelligence, personality disorder or maladjustment, are deemed to require care and guidance in the community for at least a limited period.

On the 31st December, 205 persons were receiving care and guidance in the community.

These are classified as follows:—

Mentally Handicapped (Inc. E.S.N. and Maladjusted)				Severely Mentally Handicapped			
Under 16		Over 16		Under 16		Over 16	
M	F	M	F	M	F	M	F
7	7	25	47	14	20	37	48

Of the above cases, 108 (47 males and 61 females) attend Special Schools or Training Centres, 9 (1 male and 8 females) receive home teaching, 45 are working in the community and 43 are not suitable for training, but some are occupied at home.

(iii) Short-term Care

In order to relieve the position at home, short term care was arranged for 13 persons. Of these, 3 were admitted to hospital, 3 to private or voluntary homes, and 7 to Local Authority Hostels.

(iv) Long-term Care

During the year 2 persons were admitted to hospital for long-term care.

(v) Hospital Care

Coldharbour Hospital, Sherborne, has been considerably enlarged and is now the main psychiatric (mental sub-normality) hospital for Dorset. Good liaison arrangements have been made with the Physician Superintendent who has established out-patient facilities at Poole General Hospital. The mental welfare officers attend the Clinic when necessary and discuss relevant cases.

On the 31st December five persons were awaiting admission to hospital. Viz:—

Urgent admission	2
Non-urgent admission	3

The number of patients at present resident in hospital on a long-term basis is 120.

(vi) Training Centre

On the 31st December, 121 persons were attending the Adult Centre divided as follows:—

	Adult Centre	
	M	F
Borough Cases	26	34
County Cases	<u>37</u>	<u>24</u>
TOTAL	63	58

Mid-day meals for children, trainees and staff are cooked in the Central Kitchen at the Centre and during the year 23,150 meals were served in the Adult Centre.

The administration of the Junior Training Centre was transferred to the Local Education Authority on the 1st April, 1971.

Transport to and from the Centre is provided by arrangement with three private contractors who supply six vehicles. One other vehicle is kept at the Centre. Eight persons are employed as coach escorts.

There has been little change in the Training Centre staff during the year and on the 31st December, the establishment was as follows:—

Adult Centre	1 manager, 1 Senior Supervisor, 8 Supervisors, 1 Attendant
Kitchen	1 Cook, 4 Canteen Assistants
Office	2 Clerk/Typists
Other Staff	1 Caretaker, 1 Assistant Caretaker, 6 cleaners

Adequate training for teaching staff is essential and in addition to attendance at short refresher courses, one staff member has been seconded on a one-year course leading to the award of the Diploma of the Central Training Council for Teachers of the Mentally Handicapped. During the year one member of the staff was successful in obtaining the Diploma.

(c) AFTER CARE

Of all the Social Services, mental health is perhaps the one which has made the greatest amount of progress during recent years. This is, no doubt, due initially to the Mental Health Act which had the effect of placing emphasis upon the care of the mentally disordered to within the community as opposed to long periods in hospital. Publicity and increased awareness of the problems arising from mental disorders are also contributory factors. It is one of the functions of the mental health social worker to help allay anxiety within the family and, if possible, resolve environmental problems which quite often surround the patient's illness.

Case conferences at Herrison and St. Ann's Hospitals are attended regularly by the officers, and cases referred for after-care are visited and given all possible help and advice. Reports on the patient's progress are sent to the hospital consultant and the general medical practitioner concerned.

During the year 539 cases were referred and on the 31st December, 217 patients were on the after-care register. To help in the rehabilitation of certain patients, a Therapeutic Social Club is open one evening per week at Branksome Clinic.

The County Council's After Care Hostel in Parkstone is making a valuable contribution to the effective rehabilitation of some patients.

The Wessex Regional Hospital Board Day Hospital in Alumhurst Road, Bournemouth, is providing therapeutic treatment for certain patients who have not yet reached a state when they are able to work under normal conditions, but are not considered to be in need of in-patient treatment. On the 31st December, 19 patients from Poole were attending the Day Hospital.

(d) MENTAL HEALTH SOCIAL WORKERS

These officers are concerned with all aspects of mental disorder and the value of their work within the community cannot be over stated. For patients requiring urgent admission to hospital the services of a mental welfare officer resident in the Borough are available 24 hours per day, seven days per week.

The total number of visits made during the year was 4,395 divided as follows:—

To persons suffering from mental illness	...	...	...	...	...	...	...	1281
To persons suffering from mental sub-normality	...	...	...	...	...	...	...	1007
After-care visits	...	...	...	...	...	...	...	1326
Other visits	...	...	...	...	...	...	...	<u>678</u>
TOTAL								<u>4292</u>

Adequate training and professional qualification for mental Health Social Workers is now essential. One officer has been seconded on a two year course of training leading to the award of the Certificate in Social Work. Whenever possible other officers are sent on short refresher courses during the year and are given every encouragement to attend meetings and discussion groups with other social workers.

NATIONAL ASSISTANCE ACT, 1948

(Sections 29 and 30)

WELFARE OF THE BLIND

Administration

The service is provided in accordance with Section 29 and 30 of the National Assistance Act and is administered by the Borough Health Committee under the delegation scheme. With effect from the 1st October, 1971, the administration for the Welfare of the Blind was transferred to the Social Services Department of the Dorset County Council. Field work is undertaken by three Social Welfare Officers for the Blind whose main duty is to visit blind and partially sighted persons in the community, and give advice and help in order that they may overcome their handicap and lead as normal a life as possible. Liaison with the County is maintained through the senior Welfare Officer for the Blind.

Registration

On the 31st December there were 348 blind persons and 64 partially sighted persons on the register.

With the natural amenities of a South Coast town, Poole has more than the National average of retired residents. As blindness is a disability which is more usually associated with advancing age, it is not surprising that the number of blind persons on the Council's register has risen by 31% during the past ten years.

	Blind	Partially Sighted
New cases registered since 1st January, 1971	41	7
Transfers in	9	3
Transfers out	14	3
Deaths	36	8
De-certified	—	—
Transferred to Blind Register	—	2

Employment in Open Industry

There are 17 blind and 7 partially sighted persons employed in open industry in a variety of occupations. The Department of Employment is responsible for placement.

Home Employment

One man, self employed as a piano tuner, and one woman as a machine knitter, are supervised by the Bristol Royal School and Work-shops for the Blind on behalf of the Authority. Their earnings are supplemented on a national scale.

Workshop Employment

One person is employed as a packer at the London Workshops for the Blind. The Council makes an annual grant to the Workshops.

Home Teaching and Visiting

There are blind and partially sighted persons resident in the community who are non-employed. They are visited by the Welfare Officers and given advice regarding additional financial assistance, rehabilitation, recreational facilities and whenever possible, lessons in reading, writing and handicraft work. This service enables blind people and their families to adjust themselves to the handicap. During the year 2,413 visits were made and 141 lessons were given.

Handicraft Classes

Classes are held on two days per week throughout the year at the Handicraft Centre, Belmont Court. The average attendance per session is 16.

Social Activities

The Welfare Officers, in co-operation with the Dorset County Association for the Blind, hold various socials, outings, concerts, etc., throughout the year.

Library Service

There are 21 blind readers who receive books through the National Library for the Blind.

Voluntary Associations

The Dorset County Association for the Blind make special payments and provide additional amenities for blind persons resident in the community. A holiday was arranged at Southsea and 28 blind persons and guides from the Borough attended.

Talking Book Machines

There are 123 blind persons who have talking book machines on loan. The hire charge is paid by the Council.

WELFARE OF THE PHYSICALLY HANDICAPPED

Administration

The service is provided in accordance with Sections 29 and 30 of the National Assistance Act and is administered by the Borough Health Committee under the delegation scheme. With effect from the 1st October, 1971 the administration for the Welfare of the Physically Handicapped was transferred to the Social Services Department of the Dorset County Council.

Cases are referred by general medical practitioners, hospitals, government departments, voluntary associations, etc., and are seen by one of three Field Officers who have special experience in dealing with the needs of the physically handicapped. Each case is registered and a report is submitted in respect of those persons who require specialised equipment or other services.

Registration

On the 31st December there were 516 persons on the register. These are divided as follows:—

Under 16		16-64		65 and over		Total	
M	F	M	F	M	F	M	F
22	20	147	184	61	82	230	286

New cases registered since 1st January, 1971	112
Transfers in	5
Transfers out	12
Deaths	36
Removed from Register	8

During the past ten years the number of persons on the register has more than doubled.

Services Provided

Regular visits are made and persons are given assistance and advice in order to help overcome their handicaps and lead as normal a life as possible.

The Chronically Sick and Disabled Persons Act of 1970 has been described in some quarters as a charter for the disabled. For those in need, it makes available a large range of facilities which hitherto have only been provided in part. Adaptations to property, however, is not a new provision and the demand for alterations has been steadily rising over recent years. During 1971 works of adaptation were undertaken in 24 cases. There is also an increasing number of chronically sick and disabled persons residing at home who require the use of specialised equipment and other facilities.

Three persons have now been discharged from hospital who require an artificial kidney machine at home. The equipment is supplied by the Hospital, but the Council is responsible for the cost of converting a room at the patient's home for use as a dialysis unit.

Other services, including the loan of wheelchairs, aids, gadgets and minor items of equipment are provided by the Dorset Branch of the British Red Cross Society, for which they receive a grant from the County Council.

The Dorset Association for the Welfare of the Physically Handicapped receive a grant from the County Council to assist them in providing additional services including handicraft instruction, assistance in the purchase of material and the sale of articles produced. The Association also provides holiday and club facilities.

The Bournemouth, Poole and District Spastics Society which is affiliated to the National Spastics Society, provide Day Centre and School facilities for the education, training and treatment of spastic children.

There is close liaison with the Consultant for Physical Medicine at Poole General Hospital.

Social Amenities

Arrangements were made through the British Red Cross Society for 18 persons to spend a holiday at Bowleaze Cove, Weymouth.

Short term care was arranged for 3 persons.

The Poole and East Dorset Club for the Disabled provide recreational facilities.

Sheltered Workshops

Three persons resident in Poole attend a sheltered workshop at Winton, administered by Bournemouth Corporation. Financial responsibility for Poole residents is accepted by the Borough Health Committee.

Remploy

We are fortunate to have this factory established in Alder Road providing employment facilities for severely disabled persons registered under Section 2 of the Disabled Persons Employment Act.

Car Badges for Severely Disabled Drivers

These badges are issued to disabled drivers in order to ease their difficulty in finding suitable parking places. It enables them to be readily identified and this helps police to assist them in parking, and exercise discretion in their favour wherever possible.

On the 31st December, car badges had been issued to 142 drivers resident in Poole.

The Council has approved the granting of certain free car parking facilities within the Borough to holders of car badges.

Classification of Physically Handicapped	No. of Persons
Amputation	34
Arthritis and rheumatism	119
Congenital malformations and deformities	59
Diseases of digestive and genito-urinary system, of heart or circulatory system, of respiratory system, excluding tuberculosis, and of the skin	106
Injuries of head, face, neck, thorax, abdomen, pelvis or trunk; injuries or diseases (excluding tuberculosis) of upper and lower limbs and spine	67
Organic nervous diseases - epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	108
Neurosis, psychosis	—
Tuberculosis (respiratory)	2
Tuberculosis (non-respiratory)	7
Diseases or injuries not specified above	<u>14</u>
TOTAL	<u>516</u>

WELFARE OF THE DEAF

Welfare Services for the deaf and hard of hearing are provided through an agency arrangement with the Salisbury Diocesan Association, who receive a grant from the County Council.

The following table shows the number of registered persons on the 31st December:—

	Under 16		16-64		65 and over		Total		Grand Total
	M	F	M	F	M	F	M	F	
Deaf without speech	1	2	12	14	—	2	13	18	31
Deaf with speech	1	—	6	7	—	—	7	7	14
Hard of Hearing	4	1	17	21	10	19	31	41	72
TOTAL	6	3	35	42	10	21	51	66	117

Cases applying for assistance are visited and details are entered on duplicate registration cards, one copy being kept by the Association and the other by the Health Department.

Home Visiting

The Association provides a comprehensive welfare service. Visiting Officers give lessons in lip reading and interpretation in manual language and in addition provide advice on personal and domestic problems, and in legal, health and family matters. Assistance is given regarding employment and there is good liaison with the Department of Employment D.R.O. Sick Visiting is carried out both in hospitals and in the community.

The number of home visits made during the year was 512.

Social Amenities

A Hard of Hearing Club meets on one evening per week at the Day Centre for the Elderly. Courses of lip reading lessons are arranged from time to time. There were 1,046 attendances at the Social Club during the year.

Church Services

Special Services are conducted by the Chaplain twice per month. There were 268 attendances during the year.

